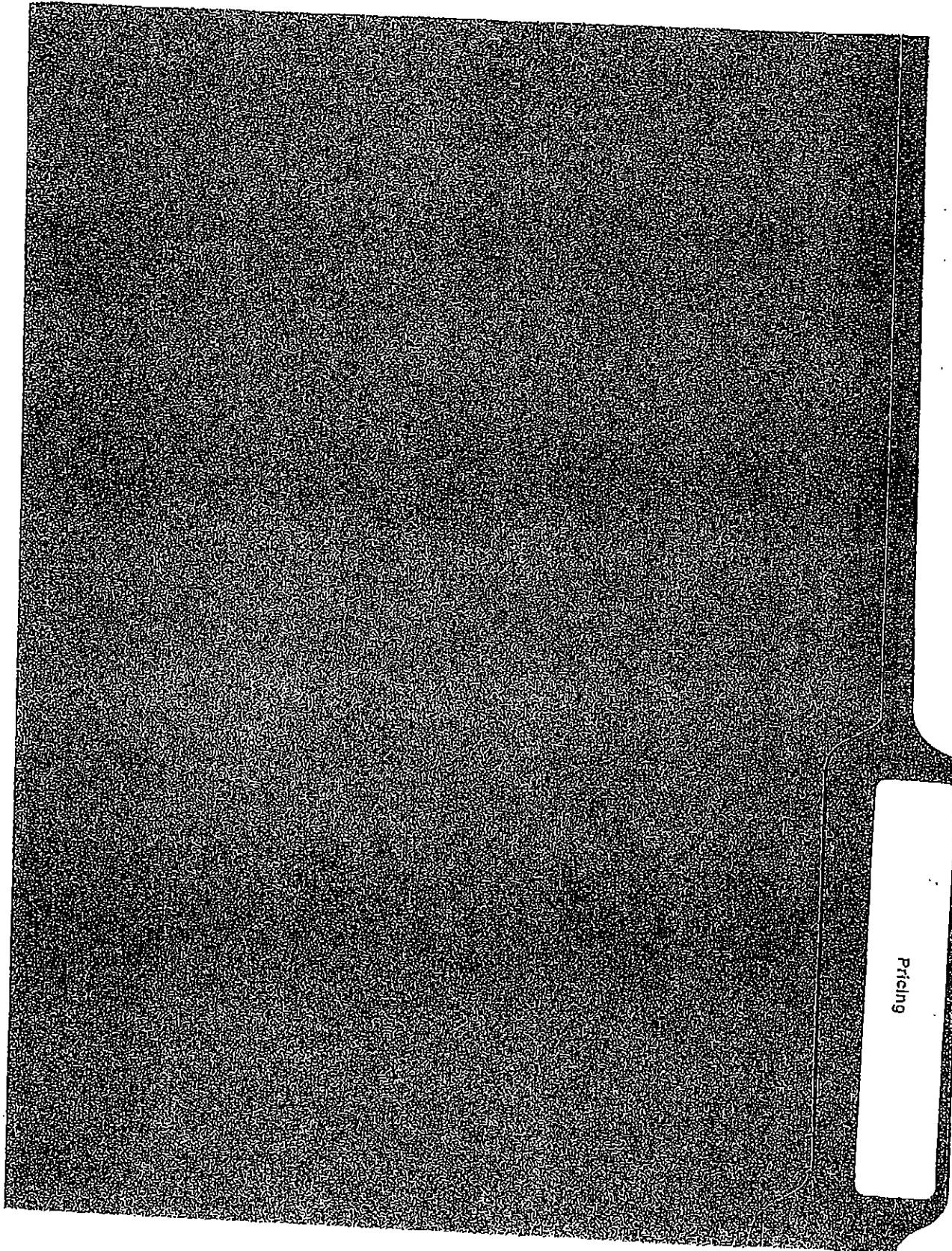


EXHIBIT 20

Pricing

BMS/INT_101122_80816

BMS/AWP/00275052
HIGHLY CONFIDENTIAL



BMS/INT_101122_80817

BMS/AWP/00275053
HIGHLY CONFIDENTIAL

**Glucophage XR Price Increase
15-Aug-02**

Current Price

WLP	\$57.37	Reimbursement = AWP - 15%	\$58.76
AWP	\$69.13		
AWP Diff.	120.50%		

Proposed Price Increase

August 15th 7%

WLP	\$61.39	Reimbursement = AWP -15%	\$65.22
Est. AWP	\$76.73		
AWP Diff.	125.00%		

Difference	111.00%
------------	---------

* Est. AWP after price increase assumes FDB increase to standard 25% differential after price increase

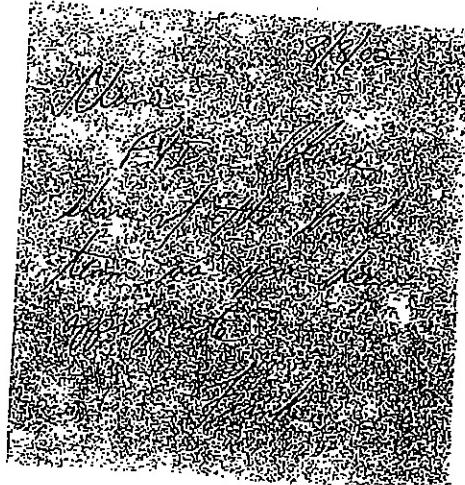
7% increase

+ additional value

AWP reimbursement

BMS/INT_101122_80818

BMS/AWP/00275054
HIGHLY CONFIDENTIAL



BMS/INT_101122_80819

**BMS/AWP/00275055
HIGHLY CONFIDENTIAL**

7.0
Authorization for 14% Glucophage XR Price Increase, August 15, 2002.

Approved by:

David Brienza
David Brienza, V.P. Finance, US Medicines

8/5/02
Date

Dean Mitchell
Dean Mitchell, President, U.S. Medicines

7/7/02
Date

Don Hayden
Don Hayden, President, W.W. Medicines

8/8/02
Date

BMS/INT_101122_80821

BMS/AWP/00275057
HIGHLY CONFIDENTIAL

JUL 30 2002 10:39AM 609 897 6483



Bristol-Myers Squibb Company

Pharmaceutical Group

NO. 561 P 4
BLW APPROVED

To: Approval List Date: October 22, 2001

From: G. Fessko
R. LavertyCC: P. Norris
R. Cipriano
J. Strauss-Mast

Subject: 2002 Price Increase Plan

This document assesses the proposed price increases included in the 2002 Business Plan. The table below summarizes the recommended price increases for Primary Care, including modifications. These modifications are designed to be neutral to the business' BUC in 2002.

Product	Recommended Increase	Date	2001 Total Increase
Monopril	7% 5%	1/01/2002	10.5%
Plavix	7% 5%	9/01/2002	10.5%
Serzone	7%	1/01/2002	11.6%
BuSpar	7%	9/01/2002	10.5%
Stadol	7%	1/01/2002	10.5%
Lac-Hydrex	7%	1/01/2002	5%
Devonex	7%	1/01/2002	5%
Ultravate	7%	1/01/2002	5%
Glucovance	-6% 4%	3/01/2002	10.4%
Pravachol	7% 4%	3/01/2002	5.7%
Tequin	5%	4/01/2002	9.9%
Cefzil	8%	4/01/2002	5.3%
Avapro/Avalide	7%	5/01/2002	10.5%
Glucophage XR	9%	8/01/2002	5.3%

* Achieved through differential pricing 5% 50mg, 6% 100mg, 7% 150mg, 8% 200mg and 9% on 250mg

** Achieved through differential price increase of 7.66% on 10mg, 10% on 20mg, and 4% on 40mg

6%

review
" " Septcc: Schmitt
Dolan
Michel

8-828-6483

BMS/INT_101122_80822

BMS/AWP/00275058

HIGHLY CONFIDENTIAL

JUL 30 2002 10:38AM 609 897 6483

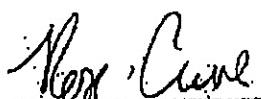
NO.561 P.5

If you agree with the above, please sign and date where indicated below. If you have any questions, comments, or would like additional information please call Greg Fersko at extension 4937, Rob Laverty at extension 2421, or Paul Norris at extension 2499.



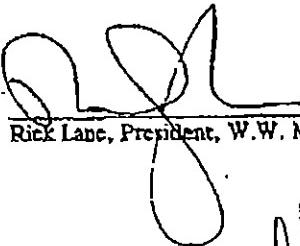
David Brienza, V.P., Finance, U.S. Medicines

11/9/01
Date



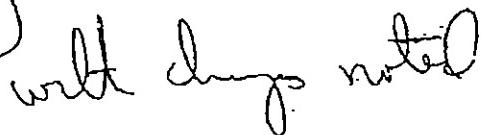
Rose Crano, President, U.S. Medicines

11/9/01
Date



Rick Lane, President, W.W. Medicines

11/15/01
Date



BMS/INT_101122_80823

BMS/AWP/00275059
HIGHLY CONFIDENTIAL

EXHIBIT 21

Page 1 of 1

From: Greg Fersko
Sent: Monday, April 22, 2002 1:00 PM
To: LeighAnne Leas; Dianne C Ihling; Julie Martino
Subject: [Fwd: AWP Presentation attached]

Dianne,Julie,LAL:

Could you review the attached, such that I can get it over to Scott by late today/early tomorrow morning (supplemented with Julie's analysis)? I've gone ahead and set-up a meeting with Tom for Wednesday, it should be on all your calendars.

Thanks,
Greg

7/12/2032

Highly Confidential

BMS/AWP/01109780

Page 1 of 1

From: Noreen Young
Sent: Monday, April 22, 2002 12:55 PM
To: Greg Fersko
Subject: AWP Presentation attached

7/12/2032

Highly Confidential

BMS/AWP/01109781

Average Wholesale Price

First Data Bank has changed the way they create AWP.

- In the past, some manufacturers list price was marked up 20.5%, others 25% based on the product's labeller code.
- Now, concurrent with price increases, 25% mark-up is being applied, regardless of historical precedence.

AWP is outside of the control of BMS but does affect the way that customers view the cost of our products.

How is AWP Used Today?

A WP is used by wholesalers and retailers to determine the prices that they charge their customers and by payers to determine the levels that they will reimburse for products and charge their clients

- Wholesalers will charge retailers on either a cost plus or AWP minus basis
- Retailers are free to charge any price that they wish but will often refer to AWP as "list price". This mainly impacts the amount charged to cash customers
- Managed Health Care companies generally negotiate reimbursement with retailers based on a discount off of the published AWP price
- Medicaid agencies generally reimburse pharmacies using a calculation based on a product's AWP.
- Medicare reimburses on an AWP basis for those pharmaceuticals for which they provide coverage (mainly for oncology products)
- The media often refers to AWP as the cost of the drug. Generally implying that this is the amount that manufacturers charge.

Example

BMS took a 7% price increase on Plavix January 1, 2002

	<u>Dec 2001</u>	<u>Jan 2002</u>
WLP of bottle of 30 tablets	\$ 88.47	\$ 94.66 ← 7% WLP increase
First Data Bank mark-up AWP	20.5% \$106.60	25% \$118.32 ← 11% AWP increase
Typical Managed Care Cost*	\$ 79.74	\$ 89.94 ← 13% MCO increase

* Typical reimbursement = AWP - 13% - \$15 copay + \$2 fee

EXHIBIT 22

The *Product Manager* will provide *Pricing Support* a copy of approved proposed prices. Following is a suggested list of signatures for approval of the proposed prices.

Product Manager
Director or Vice President of Finance (U.S. Pharmaceutical Group)
Vice-President of Therapeutic Line
President of Business Unit
President of U.S. Pharmaceuticals

Please note: The signature required to release prices as noted in the Corporate Procedure is the President of U.S. Pharmaceuticals. The Approved Proposed Price document should contain the following:

Item No.
Product Description
Wholesale list price
Direct (retail) and Hospital list price
FSS (Federal Supply Schedule Price)
PHS (Public Health Service Price)

NOTE: Signatures on the (Approval Copy) Product Price Authorization Form is no longer necessary. The approved proposed price document (memo) will be maintained with the Product Price Authorization Forms.

The Pricing Support Coordinator will input prices (pending status) in the *Product Price Authorization System (PPAS)* provided on the Approved pricing proposal submitted by the Product Manager.

Associate Manager of Pricing Support or Sr. Manager of Pricing Administration will approve and release prices in the *mainframe*.

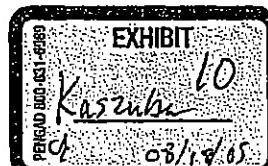
PRICE ESTABLISHMENT

Establishment of the list price for new products, or new size(s) to an existing product line, is the responsibility of the Business Unit/Therapeutic area marketing the product. Wholesale¹ versus Direct²/Hospital³ list prices are based on the pricing policy for the product and or business unit. Listed are the 3 current pricing policies.

¹ Wholesale List Price is the acquisition price for our wholesalers. "Billing Category" classification is 51.

² Direct List Price is the list price for our Retail Drug Stores. "Billing Category" classification is 57.

³ Hospital List Price is the list price for non-profit non-retail pharmacies, profit non-retail pharmacies. Hospital list price equals the direct list price. Publication of a "Direct" Price List and a "Hospital" Price List exists because of differences in minimum net \$ value per order and in some instances the order quantities per item number differs.



1. "ONE" price policy. Pricing parity for all customer types who purchase from our distribution center.
2. 2-tier pricing. Wholesale price is discounted 5% from the Hospital/Direct list price.

How to calculate the direct/hospital price if wholesale price is given.

Divide Wholesale price by .95 = Direct/Hospital Price

How to calculate the wholesale price when direct/hospital price is given.

Multiply Direct/Hospital Price X .95 = Wholesale Price

3. Physician price is 4% less wholesale/direct/hospital.
Currently this applies only to BMSO (oncology products). These items are sold through OTN.
4. Wholesale Special Offer List prices exist for the multi source product line marketed and distributed by Apothecon. These prices are significantly lower than wholesale list price found under Billing Category 51. The Special Offer Prices may be found under the following Billing Categories 41, 4A, 4B, 4C, 4D, 4E, 4F, 4G. They may all equal or all differ. Why so Many?? This allows Apothecon the flexibility to negotiate prices to the individual wholesale organizations under 8 different strategies.

Are all used today? No. Have they all been used at 1 time? Yes.

If we never sell these multi source products at the High Billing Category 51 price -- why not reduce the bc 51, 56, 57, 58, 59 price?

Since the AWP (Average Wholesale Price) is calculated based on the wholesale list price, providers benefit from a High AWP price under the reimbursement policies of insurers.

5. FSS is found under Billing Category 55. Price determination may be as follows:
New Products - are discounted 24% plus 2% cash discount.
All future FSS prices once purchasing history exists will be determined by calculations required under the Veterans Home Health Care Act.
OBTAIN policy and program which generates the FSS prices from Government Operations.
6. PHS is found under Billing Category 50. For new product introductions in

which no purchasing history exists the following is used to arrive at the PHS price.

- a. Single Source products will be discounted 15.1 % from wholesale list
- b. Multi-Source products (Non-Innovators) will be discounted 11% from wholesale list price.
- c. If new sizes are introduced to an existing product and a PHS price has been calculated by the Medicaid Reporting System - the PHS will be calculated based on tablet, mg, ml or quantity from existing prices

PHS price in which purchasing history exists - will be provided to Pricing Support from the Medicaid Reporting System. This process is an automated calculation as required by the Veterans Home Health Care Act. Medicaid Report Group oversees this process.

7. International or Transfer Price --- Interchangeable Names. Prices are found under Billing Category 21. This price exists to transfer the product to our international affiliates. Since the transfer utilizes COPS, a billing category 21 price must exist to allow the automatic transfer of product. Our affiliates will be invoiced through a Journal Entry.

What price do we input under Billing Category 21.

1. The legal entity price plus freight is used when found in Product Global. If that not found \$1.00, 10.00 or \$100.

Need to further discuss this with International Pricing & Sourcing Group located In Nassau Park and Customer Service to determine the value of maintaining this BC.

Listed is a checklist of items required by Pricing Support when launching a new size or new product. A brief explanation may appear beneath the item to help understand why it is needed.

1. Provide Pricing Support an Approved Pricing Proposal
2. Order Quantity per Item No. for Wholesalers, Direct (Retailers), and Hospitals.

Pricing Support supplies Customer Service and Order Management who input into the COPS system. Order Quantity They in turn input into the Customer Order Processing System "COPS". This controls the quantities customer purchase. E.g. Order quantity equals 12, they are required to order in multiples of 12. Order quantities are published in the price lists.

3. Anticipated Launch Date.
3. Package Insert

Redbook, First Data Bank and MediSpan requires package insert along with prices to input in each's National Drug Data Base. Pricing Support Is responsible for providing product and pricing information to the 3 data services. If product is not added the following occurs:

- The AWP (Average Wholesale Price) is not established.
- Reimbursement of drug cost by insurance companies directly or through 3rd Party Payers is denied without product information and AWP.
- Products will not be added to State Formularies

First Data Banks supplies information daily, weekly and monthly.

Information for the daily recipients must be in the database by end of their business day in order for the daily customers to receive it next day. Transmitted electronically. Listed are daily customers.

*Caremark
Merck-Medco
PCS*

*Bergen
McKesson
Premier*

*Weekly tapes -- send Fed Express. Data must be in data base
by noon each Thursday. Tape is guaranteed to be in customers
hand by Wednesday of next week. Customer is required to load
information.*

List of Customers: ??

Rite Aide

Express Scripts

Paid Prescriptions

*Monthly Customers -- Information received and input by the
last Thursday of each month will be contained in the data
provided to Monthly Customers. Majority of Monthly
customers are the state Medicaid agencies.*

EXHIBIT 23

From: leighanne.teas@bms.com
Sent: Tuesday, April 30, 2002 10:57 AM
To: Ronald C Miller; Thomas P McKenna
Subject: Pricing Source Overview.ppt



Pricing Source
Overview.ppt

Ron & Tom,

Attached are a few slides that I crafted to explain how the varying sources of price data can impact the view of outside parties relative to our pricing activities. I tried to make this very generic to allow it to be used for a variety of purposes. If you'd like me to include any specific real-life examples rather than the hypothetical one included, please let me know. I did use an example of a "change in pricing terms" to show how the Terms Initiative folds into the pricing trends.

LAL

Sources of Price Data
and their relationship to
BMS pricing activities

April 2002

Pricing Sources

- First DataBank
 - primary supplier of data to reimbursement authorities
 - on-line query systems available
 - frequently quoted source in industry comparisons
- Medi-Span
 - purchased by First DataBank in mid 1990s
 - in 2001 was divested by FDB due to FTC concerns
 - publishes monthly pricing catalogs
- Redbook
 - publishes monthly pricing catalogs
 - less expensive source of pricing data

Manufacturers submit their WLP and/or Direct Prices to these sources as product prices change

Differences between Sources

- First DataBank
 - Appears to have changed the way it establishes AWP
 - Previously manufacturers' list prices were marked up either 20% - 25% based on product's labeler code
 - Now, mostly concurrent with price increases, a 25% mark-up is being applied, regardless of historical precedence
- Redbook
 - Starting point for AWP begins with Direct price (DP) rather than WLP
 - Mark-up factors were different than FDB, given the different starting point, assuming a manufacturer maintained separate WLP and Direct Prices
 - AWPs between FDB and Redbook are typically fairly close to one another, but may be slightly off due to rounding

Differences between Sources

- Medi-Span
 - Until divestiture by FDB, AWP mark-up was identical to FDB pricing
 - Mark-ups do not appear to have changed as with FDB

Important Reminder:

Since both Redbook and Medi-Span are printed sources, there is a delayed reporting of product prices (e.g. April publication typically represents February pricing activities).

Understanding a Pricing Analysis

- Determine the source of pricing data to identify:
 - whether AWP price increases are calculated off of WLP or DP
 - if there is a timing delay between BMS price increase and date reported
 - whether AWP mark-up will show a different price trend at AWP level than actual pricing activity at WLP level

Examples of Prices Reported through Different Sources

Hypothetical Product A		WLP	DP
	Starting Point	\$1.00	\$1.05
3/12/2001	5% Product Price Increase	\$1.05	\$1.11
9/10/2001	Change in Pricing Terms	\$1.11	\$1.11
3/14/2002	5% Product Price Increase	\$1.16	\$1.16

First Databank Reported Elements		WLP	AWP
3/1/2001	Starting Point	\$1.00	\$1.20
3/12/2001	5% Product Price Increase	\$1.05	\$1.26
9/10/2001	Change in Pricing Terms	\$1.11	\$1.33
3/14/2002	5% Product Price Increase	\$1.16	\$1.45

Redbook Reported Elements		DP	AWP
Apr-01	Starting Point	\$1.05	\$1.21
May-01	5% Product Price Increase	\$1.11	\$1.27
Nov-01	Change in Pricing Terms	\$1.11	\$1.33
May-02	5% Product Price Increase	\$1.16	\$1.39

Change in Market
up occurs

Variations in Reporting Price Increases

Possible ways the pricing trends for Hypothetical Product A might be calculated

Annual Increase from 2001 to 2002 using FirstDatabank:

	WLP	AWP	
3/14/2001	\$1.05	\$1.26	this example captures 9/10/2001 pricing terms
3/14/2002	<u>\$1.16</u>	<u>\$1.45</u>	change, 3/14/2002 product price increase, & 3/14/2002 AWP calculation change.
% Increase	10.53%	15.13%	
3/10/2001	\$1.00	\$1.20	
3/14/2002	<u>\$1.16</u>	<u>\$1.45</u>	this example captures 9/10/2001 pricing terms change, 3/12/2001 & 3/14/2002 product price increases, & 3/14/2002 AWP calculation change.
% Increase	16.05%	20.89%	

Annual Increase from 2001 to 2002 using Redbook:

	DP	AWP	
May-01	\$1.11	\$1.27	
May-02	<u>\$1.16</u>	<u>\$1.32</u>	this example captures 9/10/2001 pricing terms change only for AWP and 3/14/2002 product price increase.
% Increase	5.00%	10.04%	
Apr-01	\$1.05	\$1.21	this example captures 9/10/2001 pricing terms change only for AWP and 3/12/2001 & 3/14/2002 product price increases.
May-02	<u>\$1.16</u>	<u>\$1.32</u>	
% Increase	10.25%	15.55%	

Summary

- Determining the source of pricing data is crucial to understand how third party references to BMS pricing were derived.
- AWP is not determined or set by BMS, but may affect the way that customers and other third parties view the cost of our products.

EXHIBIT 24

ONCOLOGY
THERAPEUTICS
NETWORK

May/June 1994

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

INFORMATION

*AWP Calculations
for Ifex®/Mesnex™*
SEE PAGE 2

*Elective CytoGuard®
Program*
SEE PAGE 8

REIMBURSEMENT

*AWP and HCPCS
Code Changes*
SEE PAGES 3-6

*Winter 1994
Sourcebook Updates*
SEE PAGE 6

PRACTICE MANAGEMENT

*Your Practice can
Benefit from
Monthly Inventory
Management
Reports*
SEE PAGE 7

TRADE SECRET/CONFIDENTIAL

BMS: 12: 001001

BMS4CA/000419

BMSAWP/0028888

HIGHLY CONFIDENTIAL

ONCOLOGY
THERAPEUTICS
NETWORK

AWP CALCULATIONS FOR IFEX®/MESNEX™

Packages of Ifex/Mesnex are supplied in three different combinations. The Average Wholesale Price (AWP) for the separate components of these Combo-Packs is not listed in any standard AWP reference. Below is the formula used to generate the billable amounts for Ifex and Mesnex.

	<u>Formula</u>	<u>Ifosfamide (5 x 1 g)/mesna (15 x 200 mg)</u>
Calculation for AWP of a single ampule of Mesnex:		
AWP for Mesnex Combo-Pack	\$xxx.xx	\$231.46 *
Divide by number of ampules in Combo-Pack	÷ <u>xx</u>	+ <u>15</u>
AWP of a single ampule of Mesnex	\$xxx.xx	\$15.43
Calculation for AWP of a single vial of Ifex:		
AWP for Ifex/Mesnex Combo-Pack	\$xxx.xx	\$741.13 *
Subtract AWP for Mesnex Combo-Pack	- \$xxx.xx	- \$231.46
AWP for Ifex Combo-Pack	\$10x.xx	\$509.67
Divide by number of vials in Combo-Pack	÷ <u>x</u>	+ <u>5</u>
AWP of a single vial of Ifex	\$10xx.xx	\$101.93

AWPs AND HCPCS CODES FOR THE THREE DIFFERENT COMBINATION PACKAGES OF IFEX/MESNEX

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EDITOR: Lisa Stepp

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Please address them to: The Network News, Axion Inc., 395 Oyster Point Blvd., Suite 405, South San Francisco, CA 94080.

Printed on recycled paper.

Ifosfamide (5 x 1 g)/mesna (15 x 200 mg)	HCPCS Code	AWP Amount
Ifex/Mesnex Combo-Pack		\$741.13 *
Ifex (five 1-g vials)		\$509.67 †
Ifex (one 1-g vial)		\$101.93 †
Mesnex (fifteen 200-mg ampules)	J9208 per 1 g	\$231.46 *
Mesnex (one 200-mg ampule)	J9209 per 200 mg	\$ 15.43 †

* Calculation: See above.

Ifosfamide (2 x 3 g)/mesna (9 x 400 mg)	HCPCS Code	AWP Amount
Ifex/Mesnex Combo-Pack		\$889.38 *
Ifex (two 3-g vials)		\$611.64 †
Ifex (one 3-g vial)		\$305.82 †
Mesnex (fifteen 400-mg ampules)	J9208 per 1 g	\$462.90 *
Mesnex (nine 400-mg ampules)		\$277.74 ‡
Mesnex (one 400-mg ampule)	J9209 per 200 mg	\$ 30.86 ‡

* Calculation: \$889.38 - \$277.74 = \$611.64 ÷ 2 = \$305.82

† Calculation: \$462.90 ÷ 15 = \$30.86 × 9 = \$277.74

Ifosfamide (10 x 1 g)/mesna (10 x 1 g)	HCPCS Code	AWP Amount
Ifex/Mesnex Combo-Pack		\$1,790.86 *
Ifex (ten 1-g vials)		\$1,019.32 †
Ifex (one 1-g vial)		\$ 101.93 †
Mesnex (ten 1-g ampules)	J9208 per 1 g	\$ 771.54 *
Mesnex (one 1-g ampule)	J9209 per 200 mg	\$ 77.15 ‡

* Calculation: \$1,790.86 - \$771.54 = \$1,019.32 ÷ 10 = \$101.93

† Calculation: \$771.54 ÷ 10 = \$77.15

* AWPs used in the above calculations were obtained from the April 1994 Redbook Update. If you have further questions, please call the Bristol-Myers Oncology Division Reimbursement Assistance Program (RAP™) at 1-800-872-8718.

REIMBURSEMENT

AVERAGE WHOLESALE PRICES AND 1994 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. The AWPs are obtained from the 1994 Redbook and the April 1994 Redbook Update. For drugs that have multiple manufacturers, the AWP for products that the Network most commonly stocks is listed.

PRODUCT	UNITS	NDC	HCPCS CODE	APRIL AWP
Bleoxane® Bleomycin sulfate, pwd	15 units	00015-3010-20	J9040 per 15 units	276.29
Paraplatin® Carboplatin, pwd	50 mg	00015-3213-30	J9045 per 50 mg	78.00
	150 mg	00015-3214-30	J9045 per 50 mg	233.96
	450 mg	00015-3215-30	J9045 per 50 mg	701.90
BICNU® Carmustine, pwd w/diluent	100 mg	00015-3012-30	J9050 per 100 mg	79.53
Platinol® Cisplatin, pwd	10 mg	00015-3070-20	J9060 per 10 mg	32.85
	50 mg	00015-3072-20	J9062 per 50 mg	153.54
Platinol®-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	J9062 per 50 mg	162.75
	100 mg MDV	00015-3221-22	J9062 per 50 mg	325.48
Clofarabine, sol (1 mg/mL)	10 mg	59676-0201-01	J9999* per 10 mg	480.00
Ivophilized Cytosar® Cyclophosphamide, Ivophilized	100 mg	00015-0539-41	J9093 per 100 mg	6.45
	200 mg	00015-0546-41	J9094 per 200 mg	12.25
	500 mg	00015-0547-41	J9095 per 500 mg	25.71
	1 g	00015-0548-41	J9096 per 1 g	51.43
	2 g	00015-0549-41	J9097 per 2 g	102.89
Cytosar® Cyclophosphamide, pwd	100 mg	00015-0500-41	J9070 per 100 mg	5.31
	200 mg	00015-0501-41	J9080 per 200 mg	10.11
	500 mg	00015-0502-41	J9090 per 500 mg	21.24
	1 g	00015-0503-41	J9091 per 1 g	42.49
	2 g	00015-0506-41	J9092 per 2 g	85.00
Cytosar® Tablets Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	Use NDC*	150.35
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	Use NDC*	275.95
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	Use NDC*	2,628.19
Cytarabine, pwd	100 mg	00364-2467-53	J9100 per 100 mg	5.50
	500 mg	00364-2468-54	J9110 per 500 mg	21.00
Cytarabine, sol (20 mg/mL)	100 mg	00013-7106-78	J9100 per 100 mg	6.73
	1,000 mg	00013-7091-73	J9110 per 500 mg	50.79
Dacarbazine, pwd	100 mg	00026-8151-10	J9130 per 100 mg	13.17
	200 mg	00026-8151-20	J9140 per 200 mg	21.17
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	J1100 up to 4 mg/mL	4.13
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	J1100 up to 4 mg/mL	2.01
	120 mg MDV	00517-4930-25	J1100 up to 4 mg/mL	7.21
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	J3360 up to 5 mg	4.08
	50 mg	00364-0825-54	J3360 up to 5 mg	13.35
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	J1200 up to 50 mg	4.75
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	J1200 up to 50 mg	5.40
	50 mg	00641-0376-25	J1200 up to 50 mg	0.57
Doxorubicin, pwd	20 mg	53905-0231-06	J9000 per 10 mg	90.16
Rubex® Doxorubicin, pwd	10 mg	00015-3351-22	J9000 per 10 mg	43.81
	50 mg	00015-3352-22	J9010 per 50 mg	197.15
	100 mg	00015-3353-22	J9010 per 50 mg	394.29

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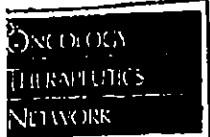
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*Continued from
previous page*

REIMBURSEMENT

PRODUCT	UNITS	NDC	HCPCS CODE	APRIL AWP
Doxorubicin, RDP pwd	10 mg	00013-1086-91	I9000	per 10 mg 46.00
	20 mg	00013-1095-91	I9000	per 10 mg 92.00
	50 mg	00013-1105-79	I9010	per 50 mg 230.00
	150 mg MDV	00013-1116-83	I9010	per 50 mg 676.19
Doxorubicin, sol (2 mg/ml)	10 mg	00013-1136-91	I9000	per 10 mg 48.31
	20 mg	00013-1146-91	I9000	per 10 mg 96.63
	50 mg	00013-1156-79	I9010	per 50 mg 241.56
	200 mg MDV	00013-1166-83	I9010	per 50 mg 946.94
Epoetin alfa	2,000 units/ml	59576-0302-01	Q9920-40 per 1,000 units	24.00
	3,000 units/ml	59576-0303-01	Q9920-40 per 1,000 units	36.00
	4,000 units/ml	59576-0304-01	Q9920-40 per 1,000 units	48.00
	10,000 units/ml	59576-0310-01	Q9920-40 per 1,000 units	114.00
Velcade® Capsules				
Eloposide, capsules, 50 mg	20 per box	00015-3091-45	Use NDC*	674.68
Velcade® For Injection				
Eloposide, injection (20 mg/ml)	100 mg MDV	00015-3095-20	I9182	per 100 mg 136.49
	150 mg MDV	00015-3084-20	I9182	per 100 mg 204.74
	500 mg MDV	00015-3061-20	I9182	per 100 mg 665.38
	1 g MDV	00015-3062-20	I9182	per 100 mg 1,296.64
Fludarabine phosphate, pwd	50 mg	50419-0511-06	I9185	per 50 mg 169.35
Fluorouracil, sol (50 mg/ml)	500 mg	39769-0012-10	I9190	per 500 mg 3.75
	2,500 mg	00013-1046-94	I9190	per 500 mg 7.69
	5,000 mg	39769-0012-90	I9190	per 500 mg 25.00
G-CSF (Filgrastim), sol (0.3 mg/ml)	300 mcg	55513-0347-10	I1440	per 300 mcg 141.00
	480 mcg	55513-0348-10	I1441	per 480 mcg 226.00
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-01	I2820	per 250 mcg 106.00
	500 mcg	58406-0001-01	I2820	per 250 mcg 200.00
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	I9202	per 3.6 mg 344.76
NEW	Kytril®			
Granisetron HCl, sol (1 mg/ml)	1 mL	00029-4149-01	I9999*/J3490*	166.00
Hydrea®				
Hydroxyurea, capsules, 500 mg	100 per bottle	00003-0830-50		135.46
<i>(Ile*Avastin®)</i>				
Ilosamide (10 x 1 g/	Combo-Pack	00015-3557-41	I9208	per 1 g 1,790.86
mesna (10 x 1 g)		I9209	per 200 mg 15.43	
Ilosamide (2 x 3 g/	Combo-Pack	00015-3559-41	I9208	per 1 g 889.38
mesna (9 x 400 mg)		I9209	per 200 mg 30.86	
Ilosamide (5 x 1 g/	Combo-Pack	00015-3558-41	I9208	per 1 g 741.13
mesna (15 x 200 mg)		I9209	per 200 mg 77.15	
Immune globulin intravenous, 5% pwd	0.5 g	49669-1600-01	I1561	per 500 mg 17.00
	2.5 g	49669-1602-01	I1561	per 500 mg 120.00
	5 g	49669-1603-01	I1561	per 500 mg 235.00
	10 g	49669-1604-01	I1561	per 500 mg 470.00
Immune globulin intravenous,	2.5 g	49669-1612-01	I1561	per 500 mg 162.50
5% sol w/v set	5 g	49669-1613-01	I1561	per 500 mg 325.00
	10 g	49669-1614-01	I1561	per 500 mg 650.00
<i>• Interferon alfa 2a, pwd w/3 mL diluent</i>				
• Interferon alfa 2a, sol (3 MIU/ml)	18 MIU	00004-1993-09	I9213	- per 3 MIU 179.20
• Interferon alfa 2a, sol (10 MIU/ml)	3 MIU	00004-1987-09	I9213	- per 3 MIU 29.87
• Interferon alfa 2a, sol (6 MIU/ml)	9 MIU	00004-6900-09	I9213	- per 3 MIU 64.14
• Interferon alfa 2a, sol (36 MIU/ml)	18 MIU	00004-1988-09	I9213	- per 3 MIU 179.20
• Interferon alfa 2a, sol (36 MIU/ml)	36 MIU	00004-2005-09	I9213	- per 3 MIU 358.38
<i>• Interferon alfa 2b, pwd</i>				
	3 MIU	00085-0647-03	I9214	per 1 MIU 29.87
	3 MIU syringe	00085-0647-04	I9214	per 1 MIU 29.87
	5 MIU	00085-0120-02	I9214	per 1 MIU 49.78
	5 MIU syringe	00085-0120-03	I9214	per 1 MIU 49.78
	10 MIU	00085-0371-02	I9214	per 2 MIU 99.55
	25 MIU	00085-0285-02	I9214	per 1 MIU 248.88
	50 MIU	00085-0539-01	I9214	per 1 MIU 497.75
	18 MIU MDV	00085-0689-01	I9214	per 1 MIU 179.18

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REIMBURSEMENT

**Oncology
Therapeutics
Network**

PRODUCT	UNITS	NDC	HCPCS CODE	APRIL AWP
Interferon alfa 2b, sol (5 MIU/ml)	10 MIU	00085-0923-01	J9214 per 1 MIU	99.55
	25 MIU	00085-0769-01	J9214 per 1 MIU	248.88
Interleukin 2 (Aldesleukin, pwd)	22 MIU	53905-0991-01	J9999*/J3450*	364.00
Leucovorin calcium, tablets, 5 mg	30 per box	00005-4536-38		85.54
	100 per box	00005-4536-23		285.00
Leucovorin calcium, tablets, 15 mg	12 per box	00005-4501-03		100.56
	24 per box	00005-4501-90		200.96
Leucovorin, pwd	50 mg	00205-5310-92	J0640 per 50 mg	21.53
	100 mg	00081-0638-93	J0640 per 50 mg	37.99
	350 mg	00205-1645-77	J0640 per 50 mg	137.94
Leprolide acetate depot, susp. (7.5 mg/ml)	7.5 mg	00300-3629-01	J9217 per 7.5 mg	463.75
CeeNu®				
Lomustine, capsules	Dose-Pack	00015-3034-10		78.09
Lomustine, capsules, 10 mg	20 per bottle	00015-3030-20		84.54
Lomustine, capsules, 40 mg	20 per bottle	00015-3031-20		254.60
Lomustine, capsules, 100 mg	20 per bottle	00015-3032-20		483.36
Torazepam, sol (2 mg/ml)	2 mg MDV	00008-0581-04	J2050 per 2 mg	12.01
Torazepam, sol (2 mg/ml)	20 mg MDV	00008-0581-01	J2060 per 2 mg	107.00
Torazepam, sol (4 mg/ml)	40 mg MDV	00008-0570-01	J2060 per 2 mg	133.74
Mannitol, 25% sol	50 mL	00074-4031-01	J2150 per 50 mL	4.71
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	J9230 per 10 mg	10.10
Megace®				
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01		69.96
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41		124.79
	250 per bottle	00015-0596-46		305.74
	500 per bottle	00015-0596-45		599.00
Megace® Oral Suspension				
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42		103.80
Melphalan hydrochloride, pwd	50 mg	00081-0130-93	J9999* per 50 mg	160.50
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00081-0045-35	Use NDC *	74.35
Menox®				
Mesna, sol (100 mg/mL)	2 mL amp	00015-3560-41	J9209 per 200 mg	15.43
	4 mL amp	00015-3561-41	J9209 per 200 mg	30.86
	10 mL amp	00015-3562-41	J9209 per 200 mg	72.15
Methotrexate, pwd	20 mg	00205-4654-90	J9250 per 5 mg	2.78
	1,000 mg	00205-4653-02	J9260 per 50 mg	61.44
Methotrexate, preservative free sol (25 mg/mL)	50 mg	53905-0031-10	J9260 per 50 mg	6.08
	100 mg	53905-0032-10	J9260 per 50 mg	8.75
	200 mg	53905-0033-10	J9260 per 50 mg	17.50
	250 mg	53905-0034-10	J9260 per 50 mg	26.88
Methotrexate, sol w/preservative (25 mg/mL)	50 mg	00205-4556-26	J9260 per 50 mg	4.75
	250 mg	00205-5318-31	J9260 per 50 mg	20.48
Methotrexate, tablets, 25 mg	100 per bottle	00535-0572-02	Use NDC *	369.45
	36 per bottle	00555-0572-35	Use NDC *	91.56
Metoclopramide, sol w/preservative (5 mg/mL)	2 mL	39769-0066-02	J2765 up to 10 mg	2.35
Metoclopramide, preservative free sol (5 mg/mL)	50 mg	00013-6116-95	J2765 up to 10 mg	8.73
	150 mg	00013-6126-95	J2765 up to 10 mg	24.50
Mutamycin®				
Mitomycin, pwd	5 mg	00015-3001-20	J9280 per 5 mg	128.95
	20 mg	00015-3002-20	J9290 per 20 mg	435.49
	40 mg	00015-3059-20	J9291 per 40 mg	879.89
Lyodren®				
Mitotane, tablets, 500 mg	100 per bottle	00015-3080-60		204.68
Mikoxanthone, sol (2 mg/mL)	20 mg MDV	00205-9393-34	J9293 per 20 mg	616.18
	25 mg MDV	00205-9393-72	J9293 per 20 mg	770.70
	30 mg MDV	00205-9393-36	J9293 per 20 mg	924.26
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	J2405 per 1 mg	214.76
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	J2405 per 1 mg	20.75

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next page

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ONCOLOGY
THERAPEUTICS
NEW YORK

*Continued from
previous page*

REIMBURSEMENT

PRODUCT	UNITS	NDC	HPCs CODE	APB/AWP
TAXOL® Paclitaxel, sol (6 mg/mL)	30 mg	00015-3456-20	J9265 per 30 mg	182.63
Pamidronate disodium, pwd	30 mg	00083-2601-04		170.42
Pentostatin, pwd	10 mg	00078-4243-01	J9268 per 10 mg	1,440.00
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	J0780 up to 10 mg	5.52
	50 mg MDV	00364-2231-54	J0780 up to 10 mg	8.40
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20		01.90
Sleptozocin, pwd	1 g	00009-0844-01	J9320 per 1 g	59.01
Vumon® Teniposide, 50 mg	5 mL amp	00015-3075-19	J9999* per 50 mg	150.39
Thiotepa, pwd	15 mg	00005-4650-91	J9340 per 15 mg	62.88
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	J3364 per 5,000 IU	47.83
	9,000 IU	00074-6145-02	J3364 per 5,000 IU	B3.40
Vinblastine sulfate, pwd	10 mg	53905-0091-10	J9360 per 1 mg	21.25
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	J9360 per 1 mg	43.23
Vincristine, preservative free sol (1 mg/mL)	1 mg	00364-2448-51	J9370 per 1 mg	31.75
	2 mg	00364-2448-52	J9375 per 2 mg	38.25

* AWP has been added or changed since last issue.

† HPCs code has been added or changed since last issue.

♦ Producers should use the NDC number when filing a claim for this oral anti-cancer drug.

— The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration has not assigned specific codes to these drugs.

1 The drug code J490 is defined as "unclassified drug."

Interferon 2 and granulocyte macrophage may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

CHANGES TO WINTER 1994 SOURCEBOOK

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY.	PRICE PER UNIT
<i>The Network has decreased prices on the following products.</i>					
801-120	Rubex®	doxorubicin, powder	50 mg		\$70.00
801-130	Rubex®	doxorubicin, powder	100 mg		\$150.00
902-110	Mutamycin®	mitomycin, powder	20 mg		\$328.29
902-120	Mutamycin®	mitomycin, powder	40 mg		\$663.30
<i>The following prices reflect manufacturers' price increases.</i>					
920-100	Kocephin®	ceftriaxone sodium, powder	0.5 g	10	\$16.35
920-110	Kocephin®	ceftriaxone sodium, powder	1 g	10	\$29.30
920-120	Kocephin®	ceftriaxone sodium, powder	2 g	10	\$58.30
901-000	Cerubidine®	daunorubicin HCl, pwd	20 mg	10	\$137.25
840-520		diphenhydantoin HCl, sol (50 mg/mL)	50 mg	25	\$0.58
840-150	Romazicon™	flumazenil, sol (0.1 mg/mL)	0.5 mg MDV	10	\$26.50
840-160	Romazicon™	flumazenil, sol (0.1 mg/mL)	1 mg MDV	10	\$42.25
220-135	Roferon®-A	interferon alfa 2a, pwd w/0.1 mL diluent	18 MIU		\$168.50
220-100	Roferon®-A	interferon alfa 2a, sol (3 MIU/mL)	3 MIU		\$27.75
220-110	Roferon®-A	interferon alfa 2a, sol (6 MIU/mL)	18 MIU		\$166.50
220-120	Roferon®-A	interferon alfa 2a, sol (36 MIU/mL)	36 MIU		\$333.30
201-800	Lupron®	leuprolide acetate, sol (5 mg/mL)	14 day kit		\$257.00
960-300	Versed®	midazolam, sol (8 mg/mL), C-IV	2 mg	10	\$4.10
<i>The following products have had a change in unit size.</i>					
841-370	Toradol®	ketorolac tromethamine, sol (15 mg/mL)	15 mg syringe	10	\$6.35
841-380	Toradol®	ketorolac tromethamine, sol (30 mg/mL)	30 mg syringe	10	\$6.50
841-390	Toradol®	ketorolac tromethamine, sol (30 mg/mL)	60 mg syringe	10	\$6.70
260-200	Ativan®	lorazepam, sol (2 mg/mL), C-IV	2 mg MDV		\$11.50
260-710	Ativan®	lorazepam, sol (2 mg/mL), C-IV	20 mg MDV		\$102.25
260-220	Ativan®	lorazepam, sol (4 mg/mL), C-IV	40 mg MDV		\$126.70

PRACTICE MANAGEMENT

INVENTORY MANAGEMENT REPORTS

Q How can our practice benefit from the monthly *Inventory Management Report* we receive from Oncology Therapeutics Network?

A Efficient inventory management is an important aspect of business management. Similar to using a specific inventory control method or having optimal order quantities, the *Inventory Management Report* is a useful tool in managing your practice's drug and supply inventory. Here is a list of ways other member practices have used the report:

- **Complete summary of purchases.** One of the primary benefits of the *Inventory Management Report* is that it contains a complete history of your practice's drug and supply purchases both in dollars and in unit quantities. The report displays, in a concise format, a one-year rolling history of all your purchases through the Network. It starts with your current month's purchases and "rolls back" one year to show your monthly purchasing volume over the course of a year.
- **Tool for forecasting future expenses.** For financial planning purposes, the *Inventory Management Report* serves as a valuable resource for anticipating future expenses. It shows trends in specific drug and supply usage in order to identify a purchasing pattern, project future expenses, and allocate resources accordingly.
- **Cost comparison information resource.** If you want to determine ways to reduce drug costs, use the report's information to quickly calculate the savings that would be achieved in substituting one drug over another. For instance, to evaluate the cost of using the powder form of a drug over the solution form, simply take the total units you currently purchase each year and multiply the units by the per vial cost of the powdered version of the drug. Then compare this cost with your current annual cost.
- **Tool to assist in locating a particular invoice.** In some situations, the invoice for a drug needs to be attached to the reimbursement claim. By

scanning the *Inventory Management Report* for the particular drug, you can quickly note the last month the product was purchased. This helps narrow down the time frame of the invoice to a specific month.

- **Cost implications of a new drug.** As a new drug is incorporated into your treatment regimens, you can closely monitor the financial impact each drug has on your inventory costs. This enables you to respond quickly to changes in your cash flow needs.
- **Documentation of a particular product's usage.** The *Inventory Management Report* offers support in showing pharmaceutical representatives that you are using their product(s). Simply photocopy the appropriate products from the report and provide it to your representative(s) so he or she can be sure to receive the proper credit.
- **Reference resource for ordering drugs and supplies.** If the person who does the ordering goes on vacation or leaves the practice, the report will provide his or her replacement with accurate information on previously purchased products. This helps to know what and when to purchase and saves your practice from incurring time and money costs associated with products ordered in error that must be returned.
- **Data entry source.** A unique way to use the *Inventory Management Report* is as a source of data entry information. The report also acts as a checks and balances system for other computerized record keeping systems.
- **Location specific information.** For practices that have multiple sites and have drugs shipped to each site, the *Inventory Management Report* is helpful in tracking how much product is being shipped to each location.
- **Valuable accounting information.** The *Inventory Management Report* lists all transactions processed for your account including credits for returned goods, discounts, and applied Network Dollars credits. This information supplements your monthly billing statement documenting all activity on your account.
- **Reference for special ordered items.** Even if you purchased an item only once, it is represented on the report. This can be helpful to find special items that you need to order again or to find a particular price.



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ELECTIVE CYTOGUARD® PROGRAM

As of January 1994 products manufactured by Bristol-Myers Oncology Division are no longer pre-packaged with CytoGuards. However, Oncology Therapeutics Network has acquired the remaining product inventory in the nation that includes the CytoGuard device pre-packaged with the product.

You will continue to receive product packaged with the CytoGuard until this inventory is depleted. As a convenience to our members, once the pre-packaged inventory is depleted, the Network will send out free CytoGuards for eligible products with each shipment. You may hear of a coupon redemption program to receive CytoGuards, but this is necessary only for hospital accounts.

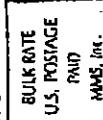
When you place your order through the Network, you will be asked whether you would like to receive an accompanying CytoGuard. The CytoGuard is free of charge on a one-per-partial purchased basis for the following products.

Lyophilized Cytoxan® For Injection	100 mg, 200 mg, 500 mg, 1 g, and 2 g
Mutamycin® For Injection	5 mg and 20 mg
Paraplatin® For Injection	50 mg, 150 mg, and 450 mg
Rubex®	10 mg, 50 mg, and 100 mg
Vepesid® For Injection	100 mg, 150 mg, 500 mg, and 1 g

CytoGuards are also available for purchase to use with products of other manufacturers whose vials feature a standard 20-mm aluminum seal. If you wish to purchase additional CytoGuards for this purpose, they are available in a 10-count box priced at \$27.50 per box. (Refer to page 40 in the Spring/Summer 1994 Sourcebook, Catalog #561-003.)

The CytoGuard aerosol protection device provides an added measure of safety to the user of antineoplastic agents. It can help reduce the risk of cytotoxic exposure due to aerosolization. A CytoGuard is attached to the vial prior to introduction of diluent. It is designed to contain aerosolization and help prevent its escape into the atmosphere.

If you would like additional information regarding CytoGuards, call your account representative. We will be happy to send you a booklet on the 17 most asked questions about CytoGuards!



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Please feel free to make copies of this form for your colleagues.

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FAX IN YOUR COMMENTS TO 1-800-800-5673

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ONCOLOGY
THERAPEUTICS
NETWORK

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

INFORMATION

Improved Billing System On Its Way
SEE PAGE 2

Spring/Summer 1994 Sourcebook Updates
SEE PAGE 2

Procrit® Rebate Program Update
SEE PAGE 2

REIMBURSEMENT

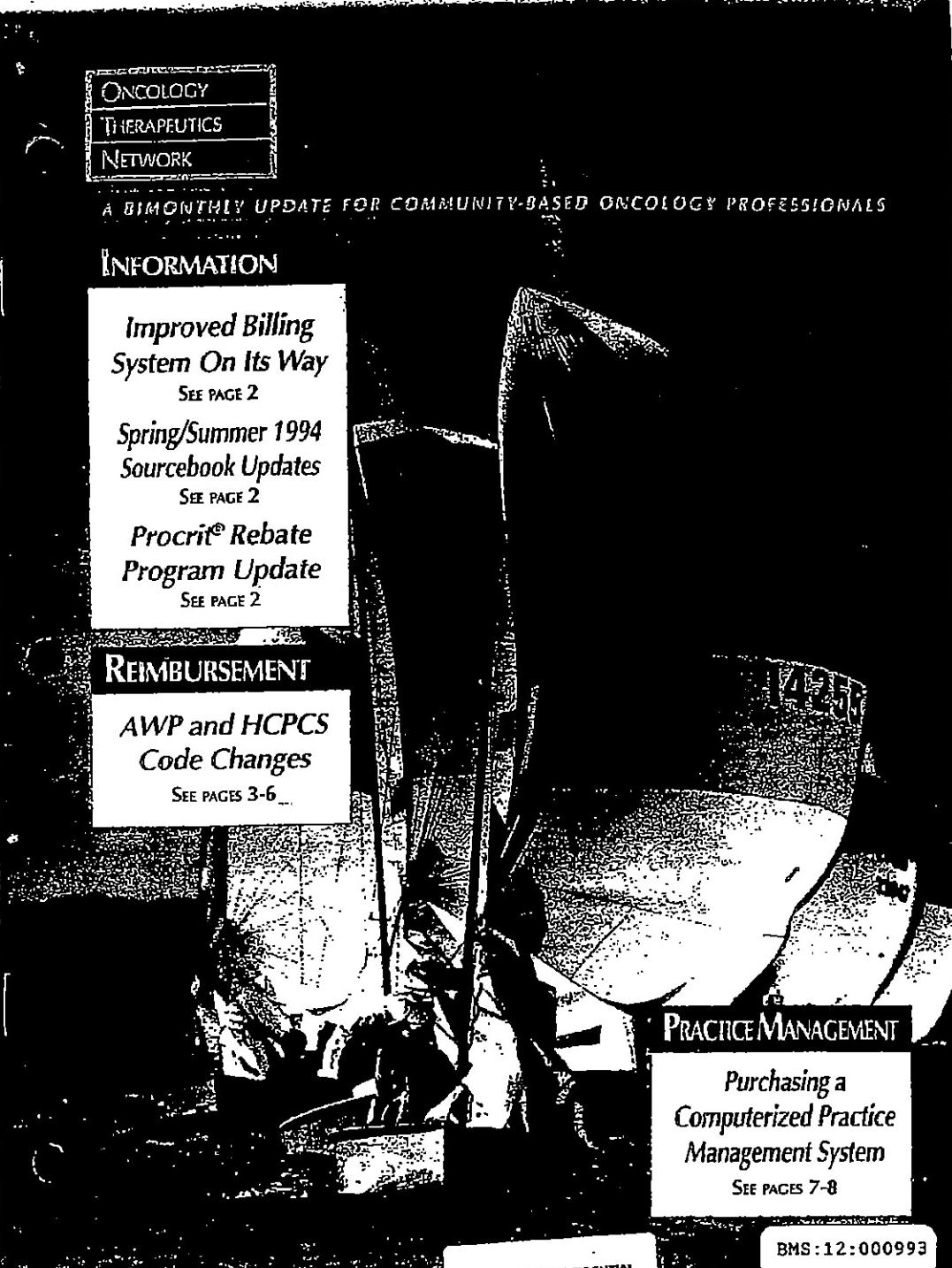
AWP and HCPCS Code Changes
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PRACTICE MANAGEMENT

Purchasing a Computerized Practice Management System
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BMS4CA/000411



BMSAWP/0028880

HIGHLY CONFIDENTIAL

**ONCOLOGY
THERAPEUTICS
NETWORK**

IMPROVED BILLING SYSTEM ON ITS WAY

Beginning August 1, Oncology Therapeutics Network will launch a new, improved billing system to better accommodate the purchasing and payment requirements of your practice. To help meet the increasing cost containment and reimbursement pressures facing office-based oncology practices, the Network began offering extended payment terms through a statement-based billing system in September 1993. While this billing procedure has worked well for many of our customers, other members have expressed concern about it. Our improved system addresses this concern and features the following.

Individual invoices will be sent after each shipment beginning August 1, 1994. You will continue to receive a packing slip inside each shipment as well. Each invoice will clearly state the amount due and the payment due date.

In addition, an easy-to-read statement summarizing your payments and purchases by invoice number will be sent each month. Both

invoices and statements will feature tear-off remittance forms. You may pay from either the individual invoices or the statement. Statement periods will coincide with calendar months.

Your last statement under the old system will be dated August 2, 1994, and will cover purchases made through July 31 and payments through August 2. Your first statement under the new system will be as of August 31, 1994, for purchases made August 1 through August 31.

Network payment terms under the new system will be simplified. Our new terms will be net 75 days from the date of invoice for all purchases. Net 75 days is the average of the current 60 to 90 day terms, offering you the best of extended payment terms with a system that is easy to administer in your office.

If you have any questions or concerns, please call the Network. Our commitment is to provide your practice with the best service in the industry. Your feedback is essential and is our most important way of measuring our success.

CHANGES TO SPRING/SUMMER 1994 SOURCEBOOK

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EDITOR: Lisa Stepp

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Please address them to: The Network News, Axion Inc., 395 Oyster Point Blvd., Suite 405, South San Francisco, CA 94080.

 Printed on recycled paper.

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY.	PRICE PER UNIT
<i>The following are NEW products.</i>					
101-130	Adriamycin PFS™	doxorubicin, sol (2 mg/mL)	75 mg		\$114.75
200-150	Oncapar®	pegasparase, sol (750 IU/mL)	5 mL		\$1,095.00
<i>The following products have been discontinued by the manufacturer.</i>					
800-705		cytarabine, sol (20 mg/mL)	100 mg		\$4.00
800-725		cytarabine, sol (20 mg/mL)	1,000 mg		\$31.00
<i>The following prices reflect manufacturers' price increases.</i>					
223-100	Procrit®	epoetin alfa	2,000 units/mL	6	\$21.60
223-200	Procrit®	epoetin alfa	3,000 units/mL	6	\$32.40
223-530	Procrit®	epoetin alfa	3,000 units/mL	25	\$32.40
223-300	Procrit®	epoetin alfa	4,000 units/mL	6	\$41.20*
223-540	Procrit®	epoetin alfa	4,000 units/mL	25	\$41.20*
223-400	Procrit®	epoetin alfa	10,000 units/mL	6	\$95.00*
223-590	Procrit®	epoetin alfa	10,000 units/mL	25	\$93.10*
102-750	Vincasar®	vincristine, preservative free sol (1 mg/mL)	1 mg		\$9.45
102-755	Vincasar®	vincristine, preservative free sol (8 mg/mL)	2 mg		\$16.35

* These prices include the Ortho Biotech rebate for physician offices.

Effective July 1, 1994, Ortho Biotech has revised its Procrit Rebate Program to physician office accounts as follows:	Order Qty.	Rebate Amount	Rebates will no longer be offered on the 2,000 units/mL and 3,000 units/mL sizes. Rebates for the 4,000 units/mL and 10,000 units/mL sizes will still be taken directly off Network invoices.
Procrit®	2,000 units/mL	6	\$0.00
Procrit®	3,000 units/mL	6	\$0.00
Procrit®	3,000 units/mL	25	\$0.00
Procrit®	4,000 units/mL	6	\$2.00
Procrit®	4,000 units/mL	25	\$2.00
Procrit®	10,000 units/mL	6	\$7.60
Procrit®	10,000 units/mL	25	\$39.50

Effective through December 31, 1994.

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REIMBURSEMENT

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AVERAGE WHOLESALE PRICES AND 1994 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. The AWPs are obtained from the 1994 Redbook and the June 1994 Redbook Update. For drugs that have multiple manufacturers, the AWP for products that the Network most commonly stocks is listed. The information which has been changed or added since the last issue is highlighted in color.

PRODUCT	UNITS	NDC	HCPCS CODE	JUNE AWP
Bleomycin ^a Bleomycin sulfate, pwd	15 units	00015-3010-20	J9040 per 15 units	276.29
Paraplatin ^a Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	J9045 per 50 mg J9045 per 50 mg J9045 per 50 mg	78.00 233.95 701.90
BICNU ^a Carmustine, pwd with preservative	100 mg	00015-3012-38	J9050 per 100 mg	79.51
NEW • Cytarabine HCl, sol (150 mg/mL)	300 mg	00100-3017-16	J9999*/J3490*	3.98
Platinol ^a Cisplatin, pwd	10 mg 50 mg	00015-3070-20 00015-3072-20	J9060 per 10 mg J9062 per 50 mg	32.85 153.54
Platinol-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	J9062 per 50 mg J9062 per 50 mg	162.75 325.48
Cladribine, sol (1 mg/mL)	10 mg	59576-0201-01	J9999* per 10 mg	480.00
Lymphosulfured Cytoxan ^a Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	J9093 per 100 mg J9094 per 200 mg J9095 per 500 mg J9096 per 1 g J9097 per 2 g	6.45 12.25 25.71 51.43 102.89
Cytoxan ^a Cyclophosphamide, pwd	100 mg 200 mg 500 mg 1 g 2 g	00015-0500-41 00015-0501-41 00015-0502-41 00015-0505-41 00015-0506-41	J9070 per 100 mg J9080 per 200 mg J9090 per 500 mg J9091 per 1 g J9092 per 2 g	5.31 10.11 21.24 42.49 85.00
Cytoxan ^a Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per bottle 100 per bottle 1,000 per bottle	00015-0504-01 00015-0503-01 00015-0503-02	Use NDC* Use NDC* Use NDC*	150.35 275.95 2,628.19
Cytarabine, pwd	100 mg 500 mg	00364-2467-53 00364-2468-54	J9100 per 100 mg J9110 per 500 mg	5.50 21.00
Cytarabine, sol (20 mg/mL)	100 mg 1,000 mg	00013-7106-78 00013-7091-73	J9100 per 100 mg J9110 per 500 mg	6.73 50.79
Decarbazine, pwd	100 mg 200 mg	00026-8151-10 00026-8151-20	J9130 per 100 mg J9140 per 200 mg	13.17 21.17
Dexamethasone, sol (10 mg/mL) Dexamethasone, sol (4 mg/mL)	100 mg MDV 20 mg MDV 120 mg MDV	00364-2360-54 00517-4905-25 00517-4930-25	J1100 up to 4 mg/mL J1100 up to 4 mg/mL J1100 up to 4 mg/mL	4.13 2.01 7.21
Diazepam, sol (5 mg/mL)	10 mg 50 mg	00364-0825-40 00364-0825-54	J3360 up to 5 mg J3360 up to 5 mg	4.08 13.35
Diphenhydramine HCl, sol (10 mg/mL) Diphenhydramine HCl, sol (50 mg/mL)	300 mg 500 mg MDV 50 mg	00364-6530-56 00364-6531-54 00641-0376-25	J1200 up to 50 mg J1200 up to 50 mg J1200 up to 50 mg	4.25 5.40 0.57
Doxorubicin, pwd	20 mg	59905-0232-06	J9000 per 10 mg	90.16

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*Continued from
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REIMBURSEMENT

PRODUCT	UNITS	NDC	CPT/HCPCS CODE	JUNE AWP
Rubex®				
Doxorubicin, pwd	10 mg	00015-3351-22	J9000	per 10 mg 43.81
	50 mg	00015-3352-22	J9010	per 50 mg 197.15
	100 mg	00015-3353-22	J9010	per 50 mg 394.29
Doxorubicin, ROF pwd	10 mg	00013-1086-91	J9000	per 10 mg 46.00
	20 mg	00013-1096-91	J9000	per 10 mg 92.00
	50 mg	00013-1106-79	J9010	per 50 mg 230.00
	150 mg MDV	00013-1116-83	J9010	per 50 mg 676.19
Doxorubicin, sol (2 mg/mL)	10 mg	00013-1136-91	J9000	per 10 mg 48.31
	20 mg	00013-1146-94	J9000	per 10 mg 96.61
	50 mg	00013-1156-79	J9010	per 50 mg 241.56
	75 mg	00013-1176-87	J9010	per 50 mg 362.35
	200 mg MDV	00013-1166-83	J9010	per 50 mg 946.91
NEW				
Epoetin alfa	2,000 units/mL	59676-0302-01	Q9920-40 per 1,000 units	24.00
	3,000 units/mL	59676-0303-01	Q9920-40 per 1,000 units	36.00
	4,000 units/mL	59676-0304-01	Q9920-40 per 1,000 units	48.00
	10,000 units/mL	59676-0310-01	Q9920-40 per 1,000 units	114.00
Velcade® Capsules				
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	Use NDC *	674.68
Vepesid® For injection				
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	J9182	per 100 mg 136.49
	150 mg MDV	00015-3084-20	J9182	per 100 mg 204.74
	500 mg MDV	00015-3061-20	J9182	per 100 mg 665.38
	1 g MDV	00015-3062-20	J9182	per 100 mg 1,296.64
Fludarabine phosphate, pwd	50 mg	50419-0511-06	J9185	per 50 mg 169.35
Fluorouracil, sol (50 mg/mL)				
	500 mg	39769-0012-10	J9190	per 500 mg 3.75
	2,500 mg	00013-1046-94	J9190	per 500 mg 7.69
	5,000 mg	39769-0012-98	J9190	per 500 mg 25.00
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0347-10	J1440	per 300 mcg 141.00
	480 mcg	55513-0348-10	J1441	per 480 mcg 226.00
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-01	J2820	per 250 mcg 106.00
	500 mcg	58406-0001-01	J2820	per 250 mcg 200.00
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	J9202	per 3.6 mg 344.76
Xylo®				
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	J9999*/J3490*	166.00
Hydrea®				
Hydroxyurea, capsules, 500 mg	100 per bottle	00003-0830-50		136.46
ifex®/mesnex™				
Mitomycin (10 x 1 g)/mesna (10 x 1 g)	Combo-Pack	00015-3557-41	J9208	per 1 g 1,790.56
			J9209	per 200 mg 15.43
Mitomycin (2 x 3 g)/mesna (9 x 400 mg)	Combo-Pack	00015-3559-41	J9208	per 1 g 889.38
Mitomycin (5 x 1 g)/mesna (15 x 200 mg)	Combo-Pack	00015-3558-41	J9208	per 1 g 741.13
			J9209	per 200 mg 77.35
Immune globulin intravenous, 5% pwd				
Immune globulin intravenous, 5% pwd	0.5 g	49669-1600-01	J1561	per 500 mg 37.00
	1.5 g	49669-1602-01	J1561	per 500 mg 120.00
	5 g	49669-1603-01	J1561	per 500 mg 235.00
	10 g	49669-1604-01	J1561	per 500 mg 470.00
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	J1561	per 500 mg 162.50
	5 g	49669-1613-01	J1561	per 500 mg 315.00
	10 g	49669-1614-01	J1561	per 500 mg 630.00
Interferon alfa 2a, pwd w/3 mL diluent				
Interferon alfa 2a, sol (3 MIU/mL)	18 MIU	00004-1993-09	J9213	per 3 MIU 179.20
	3 MIU	00004-1987-09	J9213	per 3 MIU 29.87
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-5900-09	J9213	per 3 MIU 84.14
Interferon alfa 2a, sol (16 MIU/mL)	18 MIU	00004-1988-09	J9213	per 3 MIU 179.20
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2085-09	J9213	per 3 MIU 358.38
Interferon alfa 2b, pwd				
	3 MIU	00085-0647-03	J9214	per 1 MIU 29.87
	3 MIU syring	00085-0647-04	J9214	per 1 MIU 29.87
	5 MIU	00085-0120-02	J9214	per 1 MIU 49.78
	5 MIU syring	00085-0120-03	J9214	per 1 MIU 49.78

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PRODUCT	UNITS	NDC	HCOCS CODE	JUNE AWP
Interferon alfa 2b, pwd	10 MIU	00085-0571-02	J9214 per 1 MIU	99.55
	18 MIU MDV	00085-0689-01	J9214 per 1 MIU	179.18
	25 MIU	00085-0285-02	J9214 per 1 MIU	246.88
	50 MIU	00085-0539-01	J9214 per 1 MIU	497.75
Interferon alfa 2b, sol (5 MIU/ml)	10 MIU	00085-0923-01	J9214 per 1 MIU	99.55
	25 MIU	00085-0769-01	J9214 per 1 MIU	248.88
Interleukin 2 (Aldesleukin), pwd	22 MIU	53905-0991-01	[9999]/3490*	364.00
Leucovorin calcium, tablets, 5 mg	30 per box	00005-4536-38		85.54
	100 per box	00005-4536-23		285.00
Leucovorin calcium, tablets, 15 mg	12 per box	00005-4501-83		100.56
	24 per box	00005-4501-90		200.96
NEW • Leucovorin, pwd	50 mg	53905-0051-10	J0640 per 50 mg	18.44
	50 mg	00205-5330-92	J0640 per 50 mg	21.53
	100 mg	00081-0638-93	J0640 per 50 mg	37.99
	350 mg	00205-4645-77	J0640 per 50 mg	137.94
Leuproreotide acetate depot, susp. (7.5 mg/ml)	7.5 mg	00300-3629-01	J9217 per 7.5 mg	463.75
<i>Ceph*</i>				
Lorazepam, capsules	Dose-Pack	00015-3034-10		78.09
Lorazepam, capsules, 10 mg	20 per bottle	00015-3030-20		84.54
Lorazepam, capsules, 40 mg	20 per bottle	00015-3031-20		254.60
Lorazepam, capsules, 100 mg	20 per bottle	00015-3032-20		483.96
Lorazepam, sol (2 mg/ml)	2 mg MDV	00008-0561-04	J2060 per 2 mg	12.01
Lorazepam, sol (2 mg/ml)	20 mg MDV	00008-0561-01	J2060 per 2 mg	107.08
Lorazepam, sol (4 mg/ml)	40 mg MDV	00008-0570-01	J2060 per 2 mg	133.74
Mannitol, 25% sol	50 mL	00074-4031-01	J2150 per 50 mL	4.71
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	J9210 per 10 mg	10.10
<i>Megace*</i>				
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01		69.95
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-01		124.29
	250 per bottle	00015-0596-16		305.74
	500 per bottle	00015-0596-45		599.00
<i>Megace® Oral Suspension</i>				
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42		103.80
<i>Melphalan hydrochloride, pwd</i>				
Melphalan hydrochloride, tablets, 2 mg	50 mg	00081-0130-33	[8999] per 50 mg	260.50
	50 per bottle	00081-0045-35	Use NDC*	74.35
<i>Mesna*</i>				
Mesna, sol (100 mg/ml)	2 mL amp	00015-3560-41	J9209 per 200 mg	15.43
	4 mL amp	00015-3561-41	J9209 per 200 mg	30.86
	10 mL amp	00015-3562-41	J9209 per 200 mg	77.15
<i>Methotrexate, pwd</i>				
	20 mg	00205-4654-90	J9250 per 5 mg	2.78
Methotrexate, preservative free sol (25 mg/ml)	1,000 mg	00205-4653-02	J9260 per 50 mg	61.44
	50 mg	53905-0031-10	J9260 per 50 mg	6.88
	100 mg	53905-0032-10	J9260 per 50 mg	8.75
	200 mg	53905-0033-10	J9260 per 50 mg	17.50
	250 mg	53905-0034-10	J9260 per 50 mg	26.88
Methotrexate, sol w/preservative (25 mg/ml)	50 mg	00205-4556-26	J9260 per 50 mg	4.75
	250 mg	00205-5338-34	J9260 per 50 mg	20.48
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	Use NDC*	269.45
	36 per bottle	00555-0572-35	Use NDC*	91.56
<i>Metoclopramide, sol w/preservative (5 mg/ml)</i>				
	2 mL	39769-0068-02	J2765 up to 10 mg	3.15
Metoclopramide, preservative free sol (5 mg/ml)	50 mg	00013-6116-95	J2765 up to 10 mg	8.73
	150 mg	00013-6126-95	J2765 up to 10 mg	24.50
<i>Mitomycin*, pwd</i>				
	5 mg	00015-3001-20	J9280 per 5 mg	128.95
	20 mg	00015-1002-20	J9290 per 20 mg	435.49
	40 mg	00015-3059-20	J9291 per 40 mg	879.89
<i>Lysodren®</i>				
Mitotane, tablets, 500 mg	100 per bottle	00015-3080-60		204.68

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REIMBURSEMENT

PRODUCT	UNITS	NDC	HCPCS CODE	JUNE AWP
Mitoxantrone, sol (2 mg/ml)	20 mg MDV	00205-9393-34	J9293 per 20 mg	616.18
	25 mg MDV	00205-9393-72	J9293 per 20 mg	770.20
	30 mg MDV	00205-9393-36	J9293 per 20 mg	924.26
Zofran® Ondansetron HCl, sol (2 mg/ml)	40 mg MDV	00173-0442-00	J2405 per 1 mg	214.76
Ondansetron HCl, sol (2 mg/ml)	4 mg	00173-0442-02	J2405 per 1 mg	20.75
TAXOL® Paclitaxel, sol (6 mg/ml)	30 mg	0001S-3456-20	J9265 per 30 mg	182.63
Pamidronate disodium, pwd	30 mg	00083-2601-04		170.42
Pentostatin, pwd	10 mg	00071-4243-01	J9268 per 10 mg	1,440.00
• Prochlorperazine, sol (5 mg/ml)	10 mg	00364-2231-48	J0780 up to 10 mg	2.64
	50 mg MDV	00364-2231-54	J0780 up to 10 mg	8.40
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20		82.90
NEW • Ranidazine, sol (50 mg/2 mL)	2 mL	00173-0362-18	J9999*/J3450*	3.59
Simeprevocin, pwd	1 g	00009-0844-01	J9370 per 1 g	59.01
Vomox® Teriposide, 50 mg	5 mL amp	00015-3075-19	J9999* per 50 mg	150.39
Thiotepa, pwd	15 mg	00005-4650-91	J9340 per 15 mg	62.08
Urokinase, sol (5,000 IU/ml)	5,000 IU	00074-6111-01	J3364 per 5,000 IU	47.83
	9,000 IU	00074-6145-02	J3364 per 5,000 IU	83.40
NEW • Vinblastine sulfate, pwd	10 mg	53905-0091-10	J9360 per 1 mg	21.25
	10 mg	00364-2347-54	J9360 per 1 mg	37.50
Vinblastine sulfate, sol (1 mg/ml)	10 mg	00469-2780-30	J9360 per 1 mg	43.23
NEW • Vincristine, preservative free sol (1 mg/ml)	1 mg	00164-2448-51	J9370 per 1 mg	31.75
	1 mg	00013-7356-46	J9370 per 1 mg	37.08
	2 mg	00364-2448-52	J9375 per 2 mg	38.25
	2 mg	00013-7466-66	J9375 per 2 mg	74.11

• AWP, HCPCS code or NDC has changed or item has been added since last issue. The information which has been changed or added is highlighted in color.

♦ Physicians should use the NDC number when filling a claim for this oral anti-cancer drug.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drugs." The Health Care Financing Administration has not assigned specific codes to these drugs.

† The drug code J3450 is defined as "unclassified drug." Gimesine, inotuzumab, trastuzumab and rapamycin may or may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

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PRACTICE MANAGEMENT

EVALUATION OF COMPUTERIZED PRACTICE MANAGEMENT SYSTEMS

Q Our practice wants to automate various administrative functions, such as patient scheduling and billing. How should we evaluate practice management software systems?

A When evaluating practice management systems, first determine which functional areas need to be addressed (e.g., billing, scheduling, accounting). The next step is to document the detailed requirements within each functional area (e.g., appointment changes, patient flow, insurance processing, medical records, chart tracking). This detailed list of requirements can then be compared with the features found in commercially available software packages.

Your practice may want to use the services of a consultant who specializes in medical practice management systems for assistance in developing your requirements list and in evaluating the available systems. When choosing a consultant, however, you should be aware that most consultants also sell software, support and installation services for one or more practice management systems, which may affect their partiality in the selection process.

Whether you perform this analysis yourself or with the help of a consultant, there is a publication that can help you through this process. The *Guide to Medical Practice Management Software* (the Guide) is an objective, in-depth evaluation of ten of the leading PC-based medical practice management software packages. The Guide contains detailed reviews of each package, a ratings chart and a software utility that allows you to input your requirements and then ranks the packages based on your needs. For more information on obtaining a copy of the Guide, call CTS, Rockville, MD, at 1-800-433-8015.

The following major administrative functions are typically found in practice management systems:

- Patient scheduling.
- Patient management (including treatment management and clinical history).
- Billing, receipts and credits.

In addition, though not covered in the Guide, the following functions are typically supported through software packages that can be interfaced with a practice management system:

- Inventory management.
- Accounts payable.
- General ledger.
- Purchase order processing.
- Word processing.

MANAGED CARE

Most practice management systems available today are designed to handle fee-for-service arrangements. When investing in a new system, practices should consider selecting a system that handles the requirements of managed care arrangements, such as capitation, case rates and hold-backs.

PC-BASED MEDICAL PRACTICE MANAGEMENT SYSTEMS

Cyber MDX	4Medic®
Cycare® Medicalsoft™	The Medical Manager®
Doctor's Office Medical Manager/2 (DOMS/2)	Script®
Elcom®	Versys® MENDS® II
Medistica	Walaby The Resident®

PC-based accounting systems that accommodate account payable, general ledger, purchase order processing and inventory management include:

Great Plains
MCBA
Open Systems Accounting Software
Platinum
Realworld

Some leading PC-based word processing systems are:

Ami Pro® (Windows®)
Microsoft® Word (Windows,
Macintosh®)
WordPerfect (Windows, MS-
DOS®, Macintosh, UNIX®)

Managed care modules are often available as an add-on feature to the core practice management system. Features typically found in managed care modules include:

- Payment flags to indicate that the patient is part of an HMO-type plan.
- Special charge, receipt and adjustment codes to reflect HMO payments.

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PRACTICE MANAGEMENT *Continued from previous page*

- Management reports comparing managed care contract rates versus standard fee-for-service rates.

According to the 1993-1994 edition of the Guide, only Elcomp and the Medical Manager include a true managed care module. If this is a requirement for your practice, ask the vendors you are considering about their plans for managed care.

ELECTRONIC COMMERCE

Electronic data interchange (EDI) is a common way for practices to participate in the developing area of electronic commerce. EDI provides a standard format for practices to electronically exchange data (typically over standard phone lines) with outside parties, such as labs. Some examples of EDI transactions that an oncology practice might use include:

- Lab interfaces for both ordering and receiving lab tests.
 - Claims processing.
 - Deposit of claims payment dollars directly into a practice's bank account.
 - Validation of patient's insurance, credit card, or personal check.
 - Physician referrals.
- It is extremely helpful if the interface needed for EDI is included in the practice management system you choose. In terms of EDI features, the Medical Manager is one of the leading systems, having established EDI links to numerous EDI providers.

HARDWARE AND OPERATING SYSTEMS

Most of the ten packages reviewed in the Guide run on MS-DOS or UNIX operating systems. Operating systems are the software that allow applications to store files and give users access to the hardware through security features. Your hardware and operating system software choices will be restricted to those which are compatible with the practice management system. Keep the following in mind when selecting hardware and operating systems.

- If you need to have more than one person at a time accessing the system, you will require a multi-user system. Your practice management software dealer should be able to assist you in the selection of your hardware and operating system. Absent any

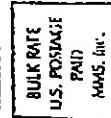
existing hardware or software investment that you may need to protect, your choice of operating system will likely be either UNIX or a network operating system that is MS-DOS compatible.

- Your operating system choice will limit your hardware choices. For MS-DOS based systems, it is best to choose a vendor with a nationwide presence. Though not an exhaustive list, Compaq, IBM, AST, Dell and Hewlett-Packard are vendors that meet these requirements. The no-name "clone" PCs are often not well supported, have limited warranties, and can cause compatibility problems when connected to networks.
- For UNIX systems, you will have to choose both a host system (the central server which holds the data in your practice management system) and workstations or terminals for your users.

SUPPORT

The most important decision you can make in regard to practice management systems is your choice of support services. Support alone can make the difference between a smoothly running practice management system and one that does not perform to your expectations. The following should be noted when choosing a practice management system support vendor.

- To minimize confusion over responsibility for supporting your system, it is best to choose a single vendor to support the hardware, operating system and practice management system. An exception is if your practice has internal resources to adequately support the hardware and/or operating system.
- Ask how many installations the practice management system vendor has performed. Also ask for the phone numbers of some of their customers to ask questions about the system being considered. (Was training adequate? Was the vendor responsive to customization needs? Is the system reliable? Is service adequate?)
- Find out how long the dealer has been in business and how many employees provide direct support for the selected practice management system.



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ONCOLOGY
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NETWORK

November/December 1994

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

INFORMATION

*Chiron's New
200 mg Doxorubicin*
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AND
Supply Product Feature*
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ONCOLOGY
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NEW!

CHIRON THERAPEUTICS INTRODUCES DOXORUBICIN, SOLUTION IN 200-MG MULTIDOSE VIALS

Now available for shipment:
200-mg MDV doxorubicin solution —
Doxorubicin HCl, Injection, USP.

CHIRON QUALITY

The new 200-mg MDV solution is the same quality you've come to rely on from Chiron Therapeutics.

ENHANCED SAFETY AND CONVENIENCE

With four vial sizes to choose from—10 mg, 20 mg, 50 mg, and now 200 mg—you can conveniently meet a variety of dosing requirements. There is no reconstitution and minimal preparation is required, saving you time and improving handling safety.

COST-EFFECTIVE

200-mg multidose vials are competitively priced and may offer savings compared with smaller vials. The average wholesale price (AWP) is \$945.98.

FREE, NEXT-DAY DELIVERY

All drug orders received by 7:00 p.m. Eastern Time (4:00 p.m. Pacific Time) are shipped to arrive the next business day.

FULL RANGE OF CHIRON PRODUCTS

The Network carries a full range of competitively priced Chiron Therapeutics oncology products. Please refer to the table below for a complete listing.

CHIRON THERAPEUTICS PRODUCTS AVAILABLE FROM THE NETWORK

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EDITOR: Lisa Stepp

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Please address them to: The Network News, Axion Inc., 395 Oyster Point Blvd., Suite 405, South San Francisco, CA 94080.

CATALOG NUMBER	ITEM	ORDER QTY
Ardija® 840-200	Pamidronate disodium, powder, 30 mg	4
Cytarabine 800-700	Cytarabine, powder, 100 mg	10
800-710	Cytarabine, powder, 500 mg	10
Doxorubicin 102-010	Doxorubicin HCl, injection, 10 mg	10
102-020	Doxorubicin HCl, injection, 20 mg	10
102-050	Doxorubicin HCl, injection, 50 mg	
102-200	Doxorubicin HCl, injection, 200 mg MDV	
803-010	Doxorubicin HCl, powder, 10 mg	10
803-020	Doxorubicin HCl, powder, 20 mg	6
803-050	Doxorubicin HCl, powder, 50 mg	
Leucovorin 801-700	Leucovorin calcium, powder, 50 mg	10
801-710	Leucovorin calcium, powder, 100 mg	10
Methotrexate 802-035	Methotrexate, preservative free solution, 50 mg	10
802-050	Methotrexate, preservative free solution, 100 mg	10
802-000	Methotrexate, preservative free solution, 200 mg	10
802-010	Methotrexate, preservative free solution, 250 mg	10
Proleukin® 200-500	Interleukin 2 (aldesleukin), powder, 22 MIU	
Vinblastine 102-600	Vinblastine sulfate, lyophilized powder, 10 mg	10

Please contact the Network for more information or to place an order.

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recycled paper.

SAVE 10% ON SUPPLIES**SUPPLY DISCOUNT DAY: NOVEMBER 16, 1994***Receive a 10% discount on any supply item* ordered on this day.***HOW THE PROGRAM WORKS.**

Place an order for supplies on November 16, 1994 and the Network will automatically apply a 10% discount to each supply line item on your invoice. Supply items are products that begin with 500 or 700 catalog numbers.* You can find these items on pages 19-48 of the Fall Sourcebook.

MULTIPLE MANUFACTURERS' PRODUCTS AVAILABLE.

The Fall 1994 Sourcebook has been expanded to include products available from multiple manufacturers so that your practice's brand

preferences can be accommodated. The manufacturer is clearly noted next to each group of products in the supply section of the Sourcebook.

SUPPORT TO HELP YOU CHOOSE THE RIGHT PRODUCTS.

Our representatives are ready to assist you in answering any questions concerning the products we carry. Additionally, the Sourcebook contains detailed descriptions and illustrations next to each product to help make sure you order the correct item.

*Does not include PARAGON products.

**ONCOLOGY
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MARK YOUR CALENDAR!**SUPPLY PRODUCTS FEATURE****IV SOLUTIONS**

The Network carries two brands of IV solutions to meet your therapeutic needs: McGaw and Abbott. Both brands are competitively priced to provide your practice with bottom-line savings. You can realize additional savings by applying Network Dollars to the purchase of these products or any other supply item in the Network Sourcebook.

McGaw Non-PVC Bags \$1.55/ea.

Dextrose 5% in water
Sodium chloride, 0.9% solution
50 mL, 100 mL, 250 mL, 500 mL

Abbott Bags/Glass Bottles . \$1.55/ea.

Dextrose 5% in water
Sodium chloride, 0.9% solution
50 mL, 100 mL, 250 mL, 500 mL

*Available exclusively in full case quantities.
See pages 39 and 40 of the Fall 1994 Sourcebook for a complete listing of IV Solutions.*

NEW, RECYCLABLE PACKAGING KEEPS DRUGS COOLER

The Network is now shipping refrigerated drugs in a new, improved container! Laboratory-tested at 90° F for more than 72 hours, the new packaging maintains an inside temperature of 46°-54° F, far exceeding drug manufacturer specifications.

What's more, refrigerated shipments after November 14 will include instructions on how you can *easily recycle these new containers*.

The package arrives sealed with a pre-addressed return shipping label on the outside.

After you retrieve the drugs from the package, reseal it with the inside flaps on the outside using shipping tape, being careful not to cover the address label. The postage-paid package can then be sent via U.S. mail to the Network at no cost to your practice.

We hope these changes provide you with peace of mind about the integrity of your shipments and our commitment to protect the environment.

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REIMBURSEMENT

REP. PETE STARK'S ANTI-SELF REFERRAL LEGISLATION

The Omnibus Budget Reconciliation Act of 1993 ("OBRA '93") signed by President Clinton on August 10, 1993, includes provisions that greatly expand the scope of the Ethics in Patient Referral Act of 1989 (commonly known as the Stark Act after its chief sponsor Representative Fortney "Pete" Stark of California). As originally enacted, the Stark Act prohibited a physician from making certain referrals covered by Medicare to a clinical laboratory if the referring physician had a "financial relationship" with the lab. Under OBRA '93, the prohibition is extended to referrals for numerous other ancillary healthcare services beginning in 1995, at which time the ban will also apply to the Medicaid program.

The scope of the prohibited referrals includes:

- clinical laboratory procedures
- physical and occupational therapy
- radiology or other diagnostic services
- radiation therapy
- durable medical equipment
- parenteral and enteral nutrients, equipment and supplies
- prosthetic, orthotic and prosthetic devices
- home health services
- outpatient prescription drugs
- inpatient and outpatient hospital services

OBRA '93 also preserved, modified or created exceptions to the Stark Act's prohibitions that can be used by physicians to maintain and create certain financial relationships.

INFUSION PUMPS EXCLUDED!

THANKS TO
AUDREY ADAMS,
GOVERNMENT
RELATIONS &
PUBLIC POLICY, AT
SIMS OZTEC,
ST. PAUL, MN.

A PORTION OF THE LEGISLATION:

Sec. 13562; (b) General Exceptions to Both Ownership and Compensation Arrangement Prohibition includes a series of general exceptions to both the ownership and compensation provision including 1) physician services provided personally by (or under the supervision of) another physician, and 2) in-office ancillary services, which are defined as services furnished by the physician himself, another physician in the same group practice, or employee of the physician, or the physician's group practice. The Act applies the in-office ancillary practice exception "to all designated health services except durable medical equipment [EXCLUDING INFUSION PUMPS] and parenteral and enteral nutrients, equipment and supplies." Briefly, the prohibition applies to the above services under the in-office ancillary service except infusion pumps.

In other words, even though durable medical equipment is part of the ban, physicians who chose to provide their patients with ambulatory infusion pumps and ancillary supplies (e.g., cassettes or bags, diluting solutions, tubing and other administration supplies) used in the course of the patient's drug infusion therapy, may continue in the practice of billing these services to the Medicare and Medicaid program. Further,

physicians are required to obtain a supplier provider number from the Medicare Part B Durable Medical Equipment Regional Carrier (DMERC) in order to bill for the equipment, under the Medicare coverage guidelines. The Act further sets forth qualifications for the exemption from the self-referral ban which are found in greater detail in the Conference Committee report and page 175 of OBRA '93.

B R I E F S

PARAGON DISCOUNT EXTENDED

The Network has extended the PARAGON Ambulatory Infusion System introductory offer of 20 percent off list price through Dec. 31. The pump retails for \$195.00 (\$156.00 with discount) and allows you to deliver medication at a lower cost per dose than elastomeric and electronic pumps. A complimentary in-service video will accompany your first order. Ask your Network representative for product and reimbursement details.

COMING SOON

EPOETIN ALFA MDV

The Network will carry the new 2-mL multidose vial of Procrit from Ortho Biotech. The 10,000 units/mL vial will be packaged in boxes of six. This new formulation is preserved with benzyl alcohol. Look for more information from the Network once this product is available.

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REIMBURSEMENT

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AVERAGE WHOLESALE PRICES AND 1994 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1994 Redbook and the October 1994 Redbook

Update. For drugs that have multiple manufacturers, the AWP for products that the Network most commonly stocks is listed. For ease of use, we have rearranged the columns so that the AWP information is in the first three columns and the billing code and units are in the right two columns.

PRODUCT	VIAL SIZE	NDC	OCTOBER AWP/VIAL	HCPCS CODE	BILLING UNITS
Bleomycin ^a Bleomycin sulfate, pwd	15 units	00015-3010-20	276.29	J9040	per 15 units
Carboplatin ^b Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	78.00 233.96 701.90	J9045 J9045 J9045	per 50 mg per 50 mg per 50 mg
BICNU ^c Carmustine, pwd w/burner	100 mg	00015-3012-30	79.53	J9050	per 100 mg
Ciseldine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999/J3490*	
Platinol ^d Cisplatin, pwd	10 mg 50 mg	00015-3070-20 00015-3072-20	32.85 153.54	J9080 J9082	per 10 mg per 50 mg
Platinol-AQ ^e Cisplatin, sol (1 mg/mL)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	162.75 325.48	J9082 J9082	per 50 mg per 50 mg
Cladribine, sol (1 mg/mL)	10 mg	39676-0201-01	480.00	J9999*	per 10 mg
Irophilized Cytosar ^f Cyclophosphamide, Irophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	6.45 12.25 25.71 51.43 102.89	J9093 J9094 J9095 J9096 J9097	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoxan ^g Cyclophosphamide, pwd	100 mg 200 mg 500 mg 1 g 2 g	00015-0500-41 00015-0501-41 00015-0502-41 00015-0503-41 00015-0506-41	5.31 10.11 21.24 42.49 85.00	J9070 J9080 J9090 J9091 J9092	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoxan Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per bottle 100 per bottle 1,000 per bottle	00015-0504-01 00015-0503-01 00015-0503-02	150.05 275.95 2,628.19	Use NDC * Use NDC * Use NDC *	
Cytarabine, pwd	100 mg 200 mg	00364-2467-53 00364-0131-10	5.50 6.25	J9100 J9100	per 100 mg per 100 mg
Desamethasone, sol (10 mg/mL) Desamethasone, sol (4 mg/mL)	100 mg MDV 20 mg MDV 120 mg MDV	00364-2360-54 00517-4905-25 00517-4930-25	4.13 2.01 2.21	J9100 J9100 J9100	up to 4 mg/mL up to 4 mg/mL up to 4 mg/mL
Diazepam, sol (5 mg/mL)	10 mg 50 mg	00364-0825-48 00364-0825-54	4.08 13.35	J3360 J3360	up to 5 mg up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL) Diphenhydramine HCl, sol (50 mg/mL)	300 mg 500 mg MDV 50 mg	00364-6530-56 00364-6531-54 00641-0376-25	4.73 5.40 0.60	J1200 J1200 J1200	up to 50 mg up to 50 mg up to 50 mg
Doxorubicin, pwd	10 mg 20 mg 50 mg	53905-0231-10 53905-0232-06 53905-0233-01	45.06 90.16 225.40	J9000 J9000 J9010	per 10 mg per 10 mg per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg 20 mg 50 mg 250 mg MDV	53905-0235-10 53905-0236-10 53905-0237-01 53905-0238-01	47.35 94.70 216.74 945.98	J9000 J9000 J9010 J9010	per 10 mg per 10 mg per 50 mg per 50 mg

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PRODUCT	VIAL SIZE	NDC	OCTOBER AWP/MAIL	HOMCS CODE	BILLING UNITS
Doxorubicin [®] Doxorubicin, RDF pwd	10 mg 20 mg 50 mg 150 mg MDV	00013-1086-91 00013-1096-94 00013-1106-79 00013-1116-83	46.00 92.00 230.00 676.19	J9000 J9000 J9010 J9010	per 10 mg per 10 mg per 50 mg per 50 mg
Doxorubicin, sol (2 mg/ml)	10 mg 20 mg 50 mg 75 mg 200 mg MDV	00013-1136-91 00013-1146-94 00013-1156-79 00013-1176-87 00013-1166-83	48.31 96.63 241.56 362.35 946.94	J9000 J9000 J9010 J9010 J9010	per 10 mg per 10 mg per 50 mg per 50 mg per 50 mg
Ruber [®] Doxorubicin, pwd	1D mg 5D mg 100 mg	00015-3351-22 00015-3352-22 00015-3353-22	43.81 197.15 394.29	J9000 J9010 J9010	per 10 mg per 50 mg per 50 mg
Epoetin alfa	2,000 units/ml 3,000 units/ml 4,000 units/ml 10,000 units/ml	59676-0302-01 59676-0303-01 59676-0304-01 59676-0310-01	24.00 36.00 48.00 114.00	Q9920-40 Q9920-40 Q9920-40 Q9920-40	1,000 units 1,000 units 1,000 units 1,000 units
VePesid [®] Capsules Etoposide capsules, 50 mg VePesid [®] for injection Etoposide, injection (20 mg/ml)	20 per box	00015-3091-45	674.68	Use NDC*	
	100 mg MDV 150 mg MDV 500 mg MDV 1 g MDV	00015-3095-20 00015-3084-20 00015-3061-20 00015-3062-20	136.49 204.74 665.38 1,296.64	J9182 J9182 J9182 J9182	per 100 mg per 100 mg per 100 mg per 100 mg
Fludarabine phosphate, pwd	50 mg	50419-0511-06	169.35	J9185	per 50 mg
Fluorouracil, sol (50 mg/ml)	500 mg 2,500 mg 5,000 mg	39769-0012-10 00013-1045-94 39769-0012-90	3.75 7.69 25.00	J9190 J9190 J9190	per 500 mg per 500 mg per 500 mg
G-CSF (Filgrastim), sol (0.3 mg/ml)	100 mcg 480 mcg	55513-0347-10 55513-0348-10	148.30 236.30	J144D J144I	per 300 mcg per 480 mcg
GM-CSF (Sargramostim), lyophilized	250 mcg 500 mcg	58406-0002-01 58406-0001-01	106.00 200.00	J2820 J2820	per 250 mcg per 250 mcg
Coserefin acetate, implant	3.6 mg syringe	00310-0960-36	344.76	J9202	per 3.6 mg
Xyridil [®] Granisetron HCl, sol (1 mg/ml)	1 ml	00029-4149-01	166.00	J9999/J490*	per 1 ml
Hydrea [®] Hydroxyurea, capsules, 500 mg	100 per bottle	00003-0830-50	136.46		
Iress [®] Nostamide	1 g 3 g	00015-0556-41 00013-0557-41	101.94 305.81	J9208 J9208	per 1 g per 1 g
Iress [®] /Mesna [®] Nostamide (10 x 1 g) mesna (10 x 1 g)	Combo-Pack	00015-3557-41	1,790.86	J9208	per 1 g
Nostamide (2 x 3 g) mesna (9 x 400 mg)	Combo-Pack	00015-3559-41	889.38	J9208	per 200 mg
Nostamide (5 x 1 g) mesna (15 x 200 mg)	Combo-Pack	00015-3558-41	30.86	J9209	per 200 mg
			741.13	J9208	per 1 g
			77.15	J9209	per 200 mg
Immune globulin intravenous, 5% pwd	2.5 g 5 g	49669-1602-01 49669-1603-01	152.05 304.10	J1561 J1561	per 500 mg per 500 mg
	10 g	49669-1604-01	605.20	J1561	per 500 mg
Immune globulin intravenous, 5% sol w/IV set	2.5 g 5 g 10 g	49669-1612-01 49669-1613-01 49669-1614-01	190.38 180.75 261.50	J1561 J1561 J1561	per 500 mg per 500 mg per 500 mg
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	129.20	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/ml)	3 MIU	00004-1987-09	29.87	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/ml)	9 MIU	00004-6900-09	84.14	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/ml)	18 MIU	00004-1988-09	179.20	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/ml)	36 MIU	00004-2005-09	358.38	J9213	per 3 MIU
Interferon alfa 2b, pwd	3 MIC 3 MIU syringe 5 MIU 3 MIU syringe	00005-0647-03 00005-0647-06 00005-0120-02 00005-0120-03	29.87 29.87 49.78 49.78	J9214 J9214 J9214 J9214	per 1 MIU per 1 MIU per 1 MIU per 1 MIU

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PRODUCT	VIAL SIZE	NDC	OCTOBER AWP/VIAL	HPCN CODE	BILLING UNITS
Interferon alfa 2b, pwd	10 MIU	00085-0571-02	99.55	J9214	per 1 MIU
	25 MIU	00085-0285-02	248.88	J9214	per 1 MIU
	50 MIU	00085-0539-01	497.75	J9214	per 1 MIU
	18 MIU MDV	00085-0689-01	179.18	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/ml)	10 MIU	00085-0923-01	99.55	J9214	per 1 MIU
	25 MIU	00085-0769-01	248.88	J9214	per 1 MIU
Interleukin 2 (aldesleukin), pwd	22 MIU	53905-0911-01	364.00		
Leucovorin calcium, tablets, 5 mg	30 per box	00005-4536-38	85.54		
	700 per box	00005-4536-23	285.00		
Leucovorin calcium, tablets, 15 mg	12 per box	00005-4501-83	100.56		
	24 per box	00005-4501-90	200.96		
Leucovorin, pwd	50 mg	53905-0051-10	18.44	J0640	per 50 mg
	50 mg	00205-5130-92	21.53	J0640	per 50 mg
	100 mg	00081-0638-93	37.39	J0640	per 50 mg
	350 mg	00205-4645-77	137.94	J0640	per 50 mg
Tenipristide acetate depot, susp. (7.5 mg/ml)	7.5 mg	00300-3629-01	463.75	J9217	per 7.5 mg
Ceenu®	Dose - Pack	00015-3034-10	78.09		
Tomusine, capsules	20 per bottle	00015-3030-20	84.54		
Tomusine, capsules, 10 mg	20 per bottle	00015-3031-20	254.60		
Tomusine, capsules, 100 mg	20 per bottle	00015-3032-20	403.96		
Torazepam, sol (2 mg/ml)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Torazepam, sol (2 mg/ml)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Torazepam, sol (4 mg/ml)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Torazepam, sol (2 mg/ml), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	4.71	J2150	per 50 mL
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	69.96		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	124.79		
	250 per bottle	00015-0596-46	305.74		
	500 per bottle	00015-0596-45	599.00		
Megace® Oral Suspension	8 fl oz	00015-0508-42	103.80		
Megestrol acetate, oral suspension	50 mg	00081-0130-93	260.50		
Melphalan hydrochloride, pwd	50 mg	00081-0045-35	74.35		
Mesnex™					
Mesna, sol (100 mg/ml)	3 mL amp	00015-3560-41	15.43	J9209	per 200 mg
	4 mL amp	00015-3561-41	30.86	J9209	per 200 mg
	10 mL amp	00015-3562-41	77.15	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	00205-4653-02	61.44	J9260	per 50 mg
Methotrexate, preservative free sol (25 mg/ml)	50 mg	53905-0031-10	6.88	J9260	per 50 mg
	100 mg	53905-0032-10	8.75	J9260	per 50 mg
	200 mg	53905-0033-10	17.50	J9260	per 50 mg
	250 mg	53905-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/preservative (25 mg/ml)	50 mg	00205-556-26	4.75	J9260	per 50 mg
	250 mg	00205-5338-34	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	269.45	J9260	per 50 mg
	36 per bottle	00555-0572-35	91.56	J9260	per 50 mg
Metoclopramide, sol w/preservative (5 mg/ml)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, preservative free sol (5 mg/ml)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Ativan®					
Milacemacin, pwd	5 mg	00015-3001-20	128.95	J9280	per 5 mg
	10 mg	00015-3002-20	135.49	J9290	per 10 mg
	40 mg	00015-3059-20	879.89	J9291	per 40 mg
Lysodren®					
Mitoxane, tablets, 500 mg	100 per bottle	00015-2080-60	204.68		
Mitoxantrone, sol (2 mg/ml)	20 mg MDV	00205-9393-14	616.10	J9293	per 20 mg
	25 mg MDV	00205-9393-72	770.20	J9293	per 20 mg
	30 mg MDV	00205-9393-36	924.76	J9293	per 20 mg

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ONCOLOGY
THERAPEUTICS
NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	OCTOBER AWP/IAL	HPCPS CODE	BILLING UNITS
Zofran® Ondansetron HCl, sol (2 mg/ml) Ondansetron HCl, sol (2 mg/ml)	40 mg MDV 4 ml	00173-0442-00 00173-0441-02	214.76 20.75	J2405 J2405	per 1 mg per 1 ml
TAXOL® Paclitaxel, sol (6 mg/ml)	30 mg	00015-3456-20	187.63	J9265	per 30 mg
Pamidronate disodium, pwd	30 mg	00083-2601-04	120.42		
Penostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/ml)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	50 mg MDV	00364-2231-54	8.40	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-1367-20	82.90		
Ranitidine, sol (50 mg/2 mLs)	2 mL	00173-0362-38	3.99	J9999*/J3490*	
Streptozocin, pwd	1 g	00009-0844-01	59.01	I9320	per 1 g
Uman® Teniposide, 50 mg	5 mL amp	00015-3075-19	150.39	J8999*	per 50 mg
Thiotepa, pwd	15 mg	00005-4650-91	62.88	I9340	per 15 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	49.69	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	86.65	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	53905-0091-10	21.25	I9360	per 1 mg
	10 mg	00364-2447-54	37.50	I9360	per 1 mg
Vinblastine sulfate, sol (1 mg/ml)	10 mg	00469-2780-30	43.23	I9360	per 1 mg
Vincristine, preservative free sol (1 mg/ml)	1 mg	00364-2448-51	31.75	I9370	per 1 mg
	1 mg	00013-7456-86	37.00	I9370	per 1 mg
	2 mg	00364-2448-52	38.25	I9375	per 2 mg
	2 mg	00013-7466-86	74.13	I9375	per 2 mg

* AWP, HCPCS code, or NDC has changed or item has been added since last issue. The information which has been changed or added is highlighted in color.

• Platinium should use the NDC number when filing a claim for this oral anti-cancer drug.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration has not assigned specific codes to these drugs.

* The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

CHANGES TO THE FALL 1994 SOURCEBOOK

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY.	PRICE PER UNIT
The following are NEW products.					
BONE MARROW BIOPSY/ASPIRATION NEEDLES:					
590-016	IllinoiS StenAlUlic	15 Ga. x adjustable (3/8" x 1-7/8")	10 ea/case	10	\$120.00
590-018	IllinoiS StenAlUlic	18 Ga. x adjustable (9/16" x 1-1/2")	10 ea/case	10	\$120.00
590-017	Jamshidi®	8 Ga. x 4"	10 ea/case	10	\$230.00
590-015	Jamshidi®	11 Ga. x 4"	10 ea/case	10	\$230.00
The following prices reflect manufacturer's price increases.					
221-100	Neupogen®	G-CSF (filgrastim), solution 10.3 mg/mL	300 mcg	10	\$122.50
221-110	Neupogen®	G-CSF (filgrastim), solution 0.3 mg/mL	480 mcg	10	\$196.50
902-300	Idarubicin®	idarubicin HCl, powder	5 mg		\$232.00
902-310	Idarubicin®	idarubicin HCl, powder	10 mg		\$466.00

FAX BACK FORM

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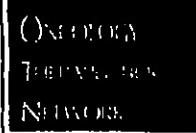
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PRACTICE MANAGEMENT

INFUSION THERAPY (Revised issue of Practice Management, July 1993)



Q1 How might our practice's economics be affected by our choice of infusion technique for the drugs we administer to cancer patients?

A Most of the drugs received by cancer patients are parenteral drugs administered by the intravenous route. Depending on the drug and patient, one of several different methods of intravenous administration might be used.

Mode of Outpatient Administration	Comments	Devices & Supplies
IV push via syringe over 2 to 15 min	<ul style="list-style-type: none"> • "Traditional" method of administering chemotherapy • Requires constant nursing attention during administration 	<ul style="list-style-type: none"> • Syringes/needles • Winged infusion set • IV set with Y-site (if needed) • IV solution (if needed)
IV drip drug mixed in 50 mL to 100 mL of diluent and administered via gravity flow or pump over 15 min to 6 hr	<ul style="list-style-type: none"> • Use of less concentrated drug provides more consistent infusion rate, reducing chance for severe extravasation and improving patient pharmacokinetics • Requires only intermittent nursing attention, allowing increased patient load 	<ul style="list-style-type: none"> • IV solution* • IV administration set • Winged infusion set • Infusion pump (if used)*
Short-term infusion administered over 2 to 4 hr using pump or gravity	<ul style="list-style-type: none"> • Required for drugs with low aqueous solubility (e.g., cisplatin, etoposide, paclitaxel) and for hydration therapy to prevent renal toxicity (e.g., cisplatin) 	<ul style="list-style-type: none"> • IV solution* • IV administration set • Winged infusion set • Infusion pump (if used)*
Continuous infusion administered over 24+ hr using portable or implantable pump	<ul style="list-style-type: none"> • May decrease concentration-dependent drug toxicities such as doxorubicin-induced cardiotoxicity,^{1,2} bleomycin-induced pulmonary toxicity,^{3,4} and 5-FU-induced myelosuppression.^{5,6} • May increase efficacy of cell-cycle-specific drugs, such as 5-FU for gastrointestinal cancers.^{1,2} 	<ul style="list-style-type: none"> • Portable pump* disposable & durable or implantable pump* • Cassette* for durable portable or implantable pump • IV solution* • IV administration set • Winged infusion set

* May be billed to Medicare

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ONCOKURA
THE PHARMACEUTICALS
NETWORK

PRACTICE MANAGEMENT

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previous page*

Q2 What are some examples of drugs that can be administered to cancer patients as IV drips or infusions?

A The Division of Pharmacy at the M.D. Anderson Cancer Center recently published the following list of standard fluids, volumes and administration rates for injectable chemotherapy drug.*

M.D. ANDERSON CANCER CENTER INJECTABLE DRUG ADMINISTRATION POLICIES

Drug	Maximum Concentration	Standard IV Fluid Volume	Maximum Infusion Rate	Stability Room Temp.	Refrig.
ANTI-CANCER DRUGS					
Asparaginase	2,000 U/ml	50 ml	15 min	8 hr	8 hr
Bleomycin	5 U/ml	50 mL NS	15 min	14 d	28 d
Carboplatin	15 mg/ml	250 mL D5W	30 min	36 hr	5 d
Carmustine	2 mg/ml	250 mL NS or D5W	1 hr	8 hr	2 d
Cisplatin	1 mg/ml	1,000 mL NS or D51/2NS	2 hr	14 d	—
Cladribine	0.1 mg/ml	500 mL NS	7 d CIV	2 d	7 d
Cyclophosphamide	20 mg/ml	100 mL NS or D5W	15 min	36 hr	28 d
Cytarabine	60 mg/ml	500 mL NS or D5W	15 min	28 d	28 d
Dacarbazine	25 mg/ml	500 mL NS or D5W	15 min	24 hr	5 d
Oncovinomycin	10 mcg/ml	50 mL NS or D5W	15 min	24 hr	24 hr
Daunorubicin	5 mg/ml	50 mL NS or D5W	15 min	28 d	28 d
Doxorubicin	5 mg/ml	50 mL NS or D5W	15 min	14 d	28 d
Etoposide	1 mg/ml	500 mL NS or D5W	60 min	2 hr	2 hr
Flouxuridine	6 mg/ml	100 mL NS or D5W	30 min	14 d	14 d
Fludarabine	10 mg/ml	100 mL NS or D5W	30 min	16 d	16 d
Fluorouracil	50 mg/ml	50 mL	15 min	28 d	—
Idarubicin	1 mg/ml	50 mL D5W	15 min	28 d	20 d
Leucovorin	25 mg/ml	500 mL NS or D5W	30 min	7 d	42 d
Mechlorethamine	1 mg/ml	50 mL D5W	15 min	4 hr	6 hr
Melphalan	1 mg/ml	50 mL NS	30 min	90 min	90 min
Mesna	20 mg/ml	100 mL NS or D5W	15 min	36 hr	36 hr
Methotrexate	2 mg/ml	50 mL NS or D5W	15 min	7 d	30 d
Mitomycin C	0.6 mg/ml	100 mL NS	15 min	5 d	5 d
Mitoxantrone	0.4 mg/ml	100 mL NS or D5W	15 min	7 d	7 d
Paclitaxel	1.2 mg/ml	500 mL NS or D5W	3 hr	27 hr	27 hr
Pentostatin	2 mg/ml	50 mL NS	15 min	24 hr	24 hr
Pikamycin	0.01 mg/ml	250 mL NS or D5W	2 hr	24 hr	48 hr
Serapeptocin	20 mg/ml	50 mL NS or D5W	15 min	2 d	4 d
Teniposide	1 mg/ml	250 mL NS or D5W	30 min	4 hr	4 hr
Thiotepa	2.5 mg/ml	50 mL NS	15 min	7 d	7 d
Vindesine	0.4 mg/ml	50 mL NS or D5W	15 min	21 d	21 d
Vincristine	0.06 mg/ml	50 mL NS or D5W	15 min	21 d	21 d
BIOLOGICAL DRUGS					
G-CSF/filgrastim		50 mL D5W	15 min	7 d	7 d
GM-CSF/Sargramostim		50 mL NS	15 min	2 d	2 d
Interleukin 2		50 mL D5W*	15 min	7 d	7 d
Immune Globulin Intravenous			3 hr	2 d	2 d

*Must add 0.1% albumin to D5W before adding interleukin 2.

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PRACTICE MANAGEMENT

ONCOLOGY
THERAPIES
N TAYORE

Q3 How can I maximize reimbursement for infusion therapy?

A In order to maximize reimbursement, it is important to code all services, drugs and supplies possible. For chemotherapy infusions commonly performed in an office-based setting, the following components may be included when billing Medicare.

COMPONENTS FOR ALL ADMINISTRATIONS:

• Office visit	CPT Codes 99201 through 99215
• Needles	HCPCS A Codes
• Chemotherapy drugs	HCPCS J Codes
• Antiemetic drugs	HCPCS J Codes
• Hematopoietic growth factors	HCPCS J Codes
• Antibiotics	HCPCS J Codes
• IV solutions	HCPCS J Codes

IV PUSH:

• Chemotherapy administration	CPT Code 96408 (IV push)
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IV DRIP

(administration without an infusion pump):

• Chemotherapy administration via IV infusion	CPT Code 96410 (IV drip, up to 1 hr)
	CPT Code 94612 (IV drip, each additional hr to 8 hr)
• Chemotherapy administration via IV push (one only)	CPT Code 96408* (IV push)

SHORT-TERM OR CONTINUOUS INFUSION

(administration using a portable or implantable pump):

• Pump refilling/maintenance	CPT Code 96520 (portable pump)
• Pump refilling/maintenance	CPT Code 96530 (implantable pump)
• Chemotherapy administration via IV infusion	CPT Code 96414 (continuous IV infusion)
• Chemotherapy administration via IV push (one only)	CPT Code 96408* (IV push)
• Durable infusion pump	HCPCS Code E0871* (portable pump)
• Durable infusion pump	HCPCS Code E0782* (implantable pump)

SHORT-TERM OR CONTINUOUS INFUSION

(administration using a disposable pump, such as an elastomeric pump):

• Chemotherapy administration via IV infusion	CPT Code 96414 (continuous IV infusion)
• Chemotherapy administration via IV push (one only)	CPT Code 96408* (IV push)
• Administration set	K0171

* Effective January 1, 1993, Medicare allowed charges for both IV push and IV infusions during the same visit. Medicare will not pay for multiple IV pushes on the same day.

† To be reimbursed under these codes, the oncologist must obtain a carrier-issued DME supplier provider identification number (PIN).

Certain private insurance companies can be billed for supplies, disposable infusion devices and components for blood and lab work that are not covered under Medicare.

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PRACTICE MANAGEMENT

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Q4 Is infusion therapy cost-effective?

A The true cost of chemotherapy administered in an office or outpatient setting includes:

- Actual cost of drug
- Cost of supplies required to obtain venous access
- Nurse's time involved in drug preparation and administration
- Fixed costs of rent, receptionist time, billing service charges and secretarial service for interphysician communication

- Costs to patient (travel to and from office; time away from work)
- Incremental costs if patient requires hospitalization for treatment-related toxicity
- Impact on patient's quality of life

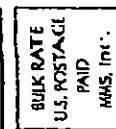
When infusion therapy results in decreased toxicity—for example, a reduced frequency of hospitalization for enteritis in colorectal cancer patients treated with continuous infusion vs. bolus S-FU—there can be a significant impact in overall treatment costs.

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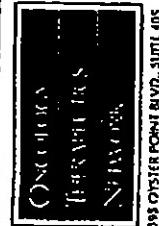
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